

Exhibit 5

Michael Birrer, M.D., Ph.D.

Page 1

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW JERSEY

IN RE: JOHNSON & JOHNSON
TALCUM POWDER PRODUCTS
MARKETING, SALES PRACTICES,
AND PRODUCTS LIABILITY
LITIGATION

THIS DOCUMENT RELATES TO
ALL CASES

Case No. 16-2738
(FLW) (LHG)

MDL Docket No. 2738

Friday, March 29, 2019

- - - - -

The video deposition of MICHAEL BIRRER, M.D.,
Ph.D., taken pursuant to notice, was held at
the law offices of Butler Snow, LLP, One Federal
Place, Suite 1000, 1819 Fifth Avenue North,
Birmingham, Alabama, commencing at approximately
9:03 a.m., on the above date, before Lois Anne
Robinson, Registered Diplomate Reporter,
Certified Realtime Reporter, and
Notary Public for the State of Alabama.

Michael Birrer, M.D., Ph.D.

Page 2	Page 4
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Page 3	Page 5
<p>1 APPEARANCES - (continued)</p> <p>2</p> <p>3 COUNSEL FOR PERSONAL CARE PRODUCTS COUNCIL:</p> <p>4 SEYFARTH SHAW LLP</p> <p>5 1075 Peachtree Street, N.E.</p> <p>6 Atlanta, Georgia 30309</p> <p>7 BY: Eric Barton, ESQUIRE</p> <p>8 Ebarton@seyfarth.com</p> <p>9</p> <p>10 COUNSEL FOR PTI:</p> <p>11 TUCKER ELLIS, LLP</p> <p>12 233 S. Wacker Drive, Suite 6950</p> <p>13 Chicago, Illinois 60606-9997</p> <p>14 BY: JAMES W. MIZGALA, ESQUIRE</p> <p>15 James.mizgala@tuckerellis.com</p> <p>16</p> <p>17 VIDEOGRAPHER:</p> <p>18 Devyn Mulholland</p> <p>19</p> <p>20 LOIS ANNE ROBINSON, RPR, RDR, CRR</p> <p>21 COURT REPORTER</p> <p>22</p> <p>23</p> <p>24</p>	<p>1 INDEX - (continued)</p> <p>2</p> <p>3 8 List of Co-Authors 81</p> <p>4</p> <p>5 9 List of 62 statements 113</p> <p>6</p> <p>7 10 "Hallmarks of Cancer: The Next Generation" 149</p> <p>8</p> <p>9 11 "Inflammation and cancer: Back to Virchow?" 153</p> <p>10 (Fran Balkwill, Alberto Mantovani)</p> <p>11</p> <p>12 12 Free Radical Biology & Medicine, Review Article 162</p> <p>13 "Oxidative stress, inflammation, and cancer: How are</p> <p>14 they linked?" (Simone Reuter, Gupta, et al.)</p> <p>15</p> <p>16 13 "Epithelial ovarian cancer" (Stephanie Lheureux, 166</p> <p>17 C. Gourley, et al.)</p> <p>18</p> <p>19 14 Federal Register/ Vol. 81, No. 243/ Monday, 199</p> <p>20 December 19, 2016</p> <p>21</p> <p>22 15 "The relationship between perineal cosmetic talc 205</p> <p>23 usage and ovarian talc particle burden" (Debra Heller,</p> <p>24 et al.)</p>

Michael Birrer, M.D., Ph.D.

Page 6	Page 8
<p>1 I N D E X - (Continued)</p> <p>2</p> <p>3 16 Ultrastructural Pathology - "Correlative 209</p> <p>4 polarizing light and scanning electron microscopy for</p> <p>5 the assessment of talc in pelvic region lymph nodes"</p> <p>6 (Sandra McDonald, et al.)</p> <p>7</p> <p>8 17 American Cancer Society - "Talcum Powder and 234</p> <p>9 Cancer What is talcum powder?</p> <p>10</p> <p>11 18 "Ovarian Cancers: Evolving Paradigms in Research 246</p> <p>12 and Care" (The National Academies of</p> <p>13 Sciences-Engineering-Medicine)</p> <p>14</p> <p>15 19 Practice Issues - "What is New in Ovarian 253</p> <p>16 Cancer?" (Jason D. Wright, M.D.)</p> <p>17</p> <p>18 20 "Asbestos (Chrysotile, Amosite, Crocidolite, 264</p> <p>19 Tremolite, Actinolite, and Anthophyllite)"</p> <p>20</p> <p>21 21 American Journal of Industrial Medicine - 268</p> <p>22 "Asbestos Exposure and Ovarian Fiber Burden" (Heller, et</p> <p>23 al.)</p> <p>24</p>	<p>1 I N D E X - (Continued)</p> <p>2</p> <p>3 27 Curriculum vitae of Ghassan M. Saed, Ph.D. 311</p> <p>4</p> <p>5 28 "Molecular Basis Supporting the Association of 320</p> <p>6 Talcum Powder Use With Increased Risk of Ovarian Cancer"</p> <p>7 (Fletcher, et al.)</p> <p>8</p> <p>9 29 GYN-188-1020: Final Decision - 9/19/18 - To 328</p> <p>10 Ghassan Saed from Robert Bristow, Editor, Gynecologic</p> <p>11 Oncology</p> <p>12</p> <p>13 30 "FWD: Reproductive Sciences - Decision of 329</p> <p>14 Manuscript ID RSCI-18-671"</p> <p>15</p> <p>16 31 Tables from Saed manuscript with handwritten 366</p> <p>17 chart</p> <p>18</p> <p>19 32 Gynecologic Oncology - Review Article - "Updates 393</p> <p>20 of the role of oxidative stress in the pathogenesis</p> <p>21 of ovarian cancer" (Saed, et al)</p> <p>22</p> <p>23 33 "Alterations in Gene Expression in Human Mesothelial 400</p> <p>24 Cells Correlate with Mineral Pathogenicity" (Shukla)</p>
Page 7	Page 9
<p>1 I N D E X - (continued)</p> <p>2</p> <p>3 22 "The Analysis of Johnson & Johnson's Historical 281</p> <p>4 Baby Powder & Shower to Shower Products from the</p> <p>5 1960's for Amphibole Asbestos" (Longo, Rigler)</p> <p>6 November 14, 2018</p> <p>7</p> <p>8 23 "The Analysis of Johnson & Johnson's Historical 282</p> <p>9 Product Containers and Imerys' Historical Railroad</p> <p>10 Car Samples from the 1960's to the Early 2000's for</p> <p>11 Amphibole Asbestos" (Longo, Rigler) January 15, 2019</p> <p>12</p> <p>13 24 BMJ: "Johnson & Johnson knew for decades talcum 287</p> <p>14 powder contained asbestos, reports allege" (Owen Dyer)</p> <p>15</p> <p>16 25 "Correspondence - Erratum: Smooth reference 294</p> <p>17 equations for slow vital capacity and flow-volume</p> <p>18 curve indexes"</p> <p>19</p> <p>20 26 Toxicology and Applied Pharmacology - "Mechanistic 301</p> <p>21 in vitro studies: What they have told us about</p> <p>22 carcinogenic properties of elongated mineral particles</p> <p>23 (EMPs)" (Brooke Mossman)</p> <p>24</p>	<p>1 I N D E X - (Continued)</p> <p>2 34 "Pycnogenol reduces Talc-induced Neoplastic 406</p> <p>3 Transformation in Human Ovarian Cell Cultures"</p> <p>4 (Buz/Zard)</p> <p>5</p> <p>6 35 Toxicology in Vitro - "The primary role of 409</p> <p>7 iron-mediated lipid peroxidation in the differential</p> <p>8 cytotoxicity caused by two varieties of talc nanoparticles</p> <p>9 on A549 cells and lipid peroxidation inhibitory effect</p> <p>10 exerted by ascorbic acid" (Akhtar, et al.)</p> <p>11</p> <p>12 36 "Cytotoxicity and Apoptosis Induction by 415</p> <p>13 Nanoscale Talc Particles from Two Different Geographical</p> <p>14 Regions in Human Lung Epithelial Cells" (Akhtar, et al.)</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>

3 (Pages 6 to 9)

Michael Birrer, M.D., Ph.D.

Page 10	Page 12
<p>1 VIDEOGRAPHER: 2 We are now on the record. My name is 3 Devyn Mulholland. I'm a videographer for Golkow 4 Litigation Services. Today's date is March 29th, 5 2019. The time is 9:03 a.m. 6 This video deposition is being held in 7 Birmingham, Alabama, in the matter of Talcum 8 Powder Litigation, MDL Number 2738. The deponent 9 is Michael Birrer, M.D., Ph.D. 10 Counsel will be noted on the 11 stenographic record. The court reporter is Lois 12 Robinson and will now swear in the witness. 13 MICHAEL BIRRER, M.D., PH.D., 14 the witness, after having first been 15 duly sworn to tell the truth, the whole truth, 16 and nothing but the truth, was examined and 17 testified as follows: 18 EXAMINATION 19 BY MS. THOMPSON: 20 Q Dr. Birrer, I'm Margaret Thompson, and 21 I'll be taking your deposition today. 22 You've had your deposition taken 23 before; right? 24 A Correct.</p>	<p>1 It -- it eventually went to -- to court. They 2 have a panel up there of three judges, which sort 3 of prescreens it. 4 Q And you've also submitted a previous 5 report in this case; correct? 6 MS. CURRY: 7 Object to the form. 8 A Correct. 9 MS. THOMPSON: 10 Q That was in the Swan case? Does that 11 sound familiar? 12 A Yes. 13 Q Have any of your opinions -- and that 14 was in May 2017. Does that sound right? 15 A That sounds right. 16 Q Have any of your opinions in this case 17 changed since May 2017? 18 A No. 19 Q Have any of your opinions changed since 20 you were deposed in September of 2018? 21 A No. 22 Q I guess that would be a "no" if they 23 hadn't changed since 2017. 24 A It's consistent.</p>
Page 11	Page 13
<p>1 Q Including in the talcum powder 2 litigation; correct? 3 A Yes. 4 Q Have you had your deposition taken in 5 any other situation? 6 A I gave testimony in a case, but that 7 wasn't a deposition, I don't think. No. 8 Q And when was that? 9 A That was prior to the talc. It's -- 10 probably goes back, I want to say, 2015, 2012, 11 somewhere -- 12 Q And what -- sorry. 13 A Yeah. 14 Q What was the nature of that matter? 15 A I was in Massachusetts at the time. It 16 was a delayed diagnosis case. 17 Q A medical malpractice case? 18 A Medical malpractice, yes. 19 Q Were you testifying for the plaintiff 20 or for the defendant? 21 A Defendant. 22 Q Was it a physician or a doc- -- a 23 hospital? 24 A It was both. And it was in Maine.</p>	<p>1 Q And you're aware that the purpose of 2 today is for me to gain a thorough understanding 3 of what opinions you plan to give at a hearing or 4 trial? 5 A Yes. 6 Q And the basis for those opinions; 7 right? 8 A Yes. 9 Q And your report states that your 10 opinions are given to a reasonable degree of 11 scientific and medical certainty. 12 What does that mean to you? 13 A It means that, basically, more often 14 than not, they're correct. 15 Q And you are a medical doctor as well as 16 a Ph.D. researcher; correct? 17 A Correct. 18 Q Do you currently see patients? 19 A I do. 20 Q Do you currently diagnose ovarian 21 cancer in women? 22 A Yes. 23 Q How -- do you treat women with ovarian 24 cancer?</p>

4 (Pages 10 to 13)

Michael Birrer, M.D., Ph.D.

Page 14	Page 16
<p>1 A Yes.</p> <p>2 Q And would that primarily involve the</p> <p>3 medical aspects, including chemotherapy</p> <p>4 administration?</p> <p>5 A Yes.</p> <p>6 Q Do you perform any surgical procedures?</p> <p>7 A No.</p> <p>8 Q What --</p> <p>9 A I'm a medical oncologist.</p> <p>10 Q What --</p> <p>11 A I could perform it, but it wouldn't</p> <p>12 come out very well.</p> <p>13 Q I understand.</p> <p>14 What percentage of your time involves</p> <p>15 patient care versus research?</p> <p>16 A So --</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A -- right now I have a half-a-day clinic</p> <p>20 a week, and then the research component, I have a</p> <p>21 fully funded lab, probably two days a week. I'm</p> <p>22 the director of the cancer center, which also</p> <p>23 takes a fair amount of administrative</p> <p>24 responsibility.</p>	<p>1 A Yes.</p> <p>2 Q And does that pretty much cover the</p> <p>3 types of research that you would be doing in your</p> <p>4 lab --</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 MS. THOMPSON:</p> <p>8 Q -- or in a general sense?</p> <p>9 A I'm just trying to think if there was</p> <p>10 anything else. We obviously do a lot of</p> <p>11 review-type papers and articles. You know, I</p> <p>12 think that's pretty broad. I think it does,</p> <p>13 actually.</p> <p>14 Q When you do a review article, is that</p> <p>15 usually invited by the journal, or is that a</p> <p>16 topic that you have interest in that you submit</p> <p>17 as a publication?</p> <p>18 A Could be both. A lot of them are</p> <p>19 invited. But we have occasionally thought of</p> <p>20 areas that we thought were interesting and</p> <p>21 important and suggested it.</p> <p>22 Q And are authors or review articles</p> <p>23 generally intended to be experts in the field?</p> <p>24 MS. CURRY:</p>
Page 15	Page 17
<p>1 MS. THOMPSON:</p> <p>2 Q So administrative time --</p> <p>3 A Yeah.</p> <p>4 Q -- as well included in that?</p> <p>5 And how would you describe the focus of</p> <p>6 your laboratory search -- research currently?</p> <p>7 A Almost entirely on ovarian cancer and</p> <p>8 exploring detailing the genomics, the molecular</p> <p>9 basis for ovarian cancer and trying to translate</p> <p>10 that into better early detection, diagnosis and</p> <p>11 treatment.</p> <p>12 Q Are you doing in vitro as well as in</p> <p>13 vivo research?</p> <p>14 A Correct.</p> <p>15 Q And have published in both animal</p> <p>16 studies as well as cellular studies?</p> <p>17 A Yes.</p> <p>18 Q Have you published with immortalized</p> <p>19 cells?</p> <p>20 A Yes.</p> <p>21 Q Have you published research with human</p> <p>22 tissue?</p> <p>23 A Yes.</p> <p>24 Q Have you published human trials?</p>	<p>1 Object to the form.</p> <p>2 A More often than not, yes. But</p> <p>3 frequently on my reviews, I'll have some junior</p> <p>4 people.</p> <p>5 MS. THOMPSON:</p> <p>6 Q With -- with a senior author</p> <p>7 usually --</p> <p>8 A (Nods affirmatively.)</p> <p>9 Q -- correct?</p> <p>10 A Correct.</p> <p>11 Q And that would be, I would think,</p> <p>12 because readers of a journal want to know that</p> <p>13 it's an expert in the field that's providing the</p> <p>14 information in a review article; right?</p> <p>15 MS. CURRY:</p> <p>16 Object to the form.</p> <p>17 A I think so, yeah.</p> <p>18 MS. THOMPSON:</p> <p>19 Q Would you agree with me that it would</p> <p>20 be unethical at this point in time to design a</p> <p>21 prospective study in which women were exposed to</p> <p>22 talcum powder in the genital area and follow over</p> <p>23 time?</p> <p>24 MS. CURRY:</p>

5 (Pages 14 to 17)

Michael Birrer, M.D., Ph.D.

Page 18	Page 20
<p>1 Object to the form.</p> <p>2 A Prospectively and randomized and --</p> <p>3 could you just --</p> <p>4 MS. THOMPSON:</p> <p>5 Q Let's start with just prospectively.</p> <p>6 A I -- I think it would be a --</p> <p>7 interesting question. I don't think it would be</p> <p>8 valuable.</p> <p>9 Q How about a randomized trial? Would it</p> <p>10 be ethical?</p> <p>11 A No. I don't think it would be valuable</p> <p>12 at all.</p> <p>13 Q But I didn't ask about valuable.</p> <p>14 What about ethical?</p> <p>15 A Well, val- -- if it's not valuable, it</p> <p>16 should -- it wouldn't be of great concern to do</p> <p>17 that. I'm not sure what you're asking.</p> <p>18 Q Well, I'm asking if you -- if you have</p> <p>19 a carcinogen, even a possible carcinogen, you</p> <p>20 could not design and get a trial through IRB</p> <p>21 using that product and a control group; correct?</p> <p>22 MR. MIZGALA:</p> <p>23 Object to form.</p> <p>24 A I guess -- I -- I see what -- now I see</p>	<p>1 A And this is -- this is a -- let me get</p> <p>2 my glasses -- supplemental materials received by</p> <p>3 me after this was done.</p> <p>4 Q Okay.</p> <p>5 A Okay?</p> <p>6 Q And, so, "received by" you meant the</p> <p>7 lawyers for Johnson & Johnson provided those</p> <p>8 supplemental materials to you?</p> <p>9 A It was a little bit of both. I mean,</p> <p>10 some of this I wasn't privy to, so I got it</p> <p>11 provided to me, and some of these were additional</p> <p>12 articles that I was -- I pulled out.</p> <p>13 Q Okay. And I've marked as Exhibit 1</p> <p>14 your expert report.</p> <p>15 (DEPOSITION EXHIBIT NUMBER 1</p> <p>16 WAS MARKED FOR IDENTIFICATION.)</p> <p>17 MS. THOMPSON:</p> <p>18 Q Do you --</p> <p>19 Do you have a copy? You're good on</p> <p>20 that?</p> <p>21 A And mine's -- mine's thicker than</p> <p>22 yours, so -- it's got my CV in there.</p> <p>23 Q I separated out your CV. So -- well,</p> <p>24 good. But that's a good observation.</p>
Page 19	Page 21
<p>1 what you're asking.</p> <p>2 So my position on that is that talc</p> <p>3 is -- I don't believe talc is a carcinogen.</p> <p>4 MS. THOMPSON:</p> <p>5 Q I understand. But there are others</p> <p>6 that do.</p> <p>7 And, so, is it your opinion that an IRB</p> <p>8 would let a study through using what has been</p> <p>9 designated as a possible carcinogen, say, for</p> <p>10 example, IARC?</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A I have no idea.</p> <p>14 MS. THOMPSON:</p> <p>15 Q All right. So the ground rules are</p> <p>16 we'll try not to interrupt each other. Let me</p> <p>17 know if I ask a bad question or one that you</p> <p>18 don't understand, and I'll expect you to answer</p> <p>19 honestly. Fair enough?</p> <p>20 A Yes.</p> <p>21 Q If you need a break, let me know.</p> <p>22 What did you bring with you today?</p> <p>23 A I have my expert report right here.</p> <p>24 Q And is that all you brought with you?</p>	<p>1 And -- and I marked as Exhibit 2 your</p> <p>2 CV.</p> <p>3 A Okay.</p> <p>4 (DEPOSITION EXHIBIT NUMBER 2</p> <p>5 WAS MARKED FOR IDENTIFICATION.)</p> <p>6 MS. THOMPSON:</p> <p>7 Q And that should --</p> <p>8 And you're good on that, too?</p> <p>9 MS. CURRY:</p> <p>10 Thank you.</p> <p>11 MS. THOMPSON:</p> <p>12 Q That should -- those combined should be</p> <p>13 the same thickness of what you've brought.</p> <p>14 And I also brought the Notice of</p> <p>15 Deposition, which I'm going to hand you.</p> <p>16 (DEPOSITION EXHIBIT NUMBER 3</p> <p>17 WAS MARKED FOR IDENTIFICATION.)</p> <p>18 MS. THOMPSON:</p> <p>19 Q And this is the one with objections.</p> <p>20 Have you seen this before, Dr. Birrer?</p> <p>21 A Yes.</p> <p>22 Q And did you look at the request on</p> <p>23 the -- on this document?</p> <p>24 A Yes.</p>

6 (Pages 18 to 21)

Michael Birrer, M.D., Ph.D.

Page 22	Page 24
<p>1 Q Is there -- and there's nothing that 2 was responsive to any of these requests? 3 MS. CURRY: 4 Objection. Subject to the objections 5 that were made by counsel. 6 MS. THOMPSON: 7 Q Subject -- 8 MS. THOMPSON: 9 Sorry. 10 Q Subject to the objections. 11 A Yeah. 12 Q So where would you keep your file for 13 the litigation? 14 MS. CURRY: 15 And I'm sorry. Just to clarify for the 16 record, there is a small production at the back 17 that incorporates the -- 18 MS. THOMPSON: 19 Yes. 20 MS. CURRY: 21 -- invoice as well as the supplemental 22 fee schedule and the supplemental list of 23 materials. 24 MS. THOMPSON:</p>	<p>1 Q -- this litigation? 2 And be careful not to interrupt just 3 because it makes our court reporter's job a 4 little more difficult. 5 How much money have you been paid total 6 by Johnson & Johnson in talcum powder litigation? 7 A To date, nothing. 8 Q You haven't been paid for any of the 9 other cases that you've testified in? 10 A Correct. 11 Q Why is that? 12 A I'm a lousy businessman. I haven't 13 invoiced for Swan yet and I haven't invoiced for 14 Brower. But I can -- I can estimate the hours. 15 Q Go ahead and estimate. 16 A Swan I think is around 80 hours -- 17 Q Okay. 18 A -- because it was the initial case. It 19 was a bundled -- bundled five cases, so involved 20 a lot of review. And the deposition alone was 21 quite long. I remember like it was yesterday. 22 And, then, Brower was probably about 40 23 hours. 24 Q Okay.</p>
Page 23	Page 25
<p>1 Right. 2 Q So the supplemental material list that 3 you brought with you today, Dr. Birrer, is 4 attached to the back of this notice with 5 objections; correct? 6 A That's the same as this. Yes. 7 Q Yes. 8 A Yeah. Uh-huh. 9 Q And also attached to this -- this 10 notice with objections are your fees; correct? 11 A Correct. 12 Q And are -- are those all the invoices 13 that you have submitted thus far? 14 A Yes. 15 Q And how much -- and from -- this 16 invoice that's attached to Exhibit 3 goes through 17 March 17th. 18 How much time would you say you have 19 spent since March 17th preparing for the case? 20 A I'd say probably put another 15 hours, 21 And I haven't invoiced that yet. 22 Q Okay. And you have testified in other 23 cases for the defendants in -- 24 A Correct.</p>	<p>1 A And those invoices are being 2 constructed. 3 Q And you're charging those at the same 4 rate as in your fee schedule -- 5 A That's right. 6 Q -- attached to this document? 7 A That's right. 8 Q Okay. When were you first approached 9 by Johnson & Johnson as -- about serving as an 10 expert in talcum powder litigation? 11 A So that was before the -- that was the 12 Blaes or Swan case. I believe it was in 13 December, around November, December of 2016. 14 Q '16? 15 A Thank you. Time flies. 16 Q Only because I know that the report was 17 submitted in May, so -- 18 A (Nods affirmatively.) 19 Q -- I'm assuming that you didn't work 18 20 months on that -- 21 A No. 22 Q -- case. 23 And you were asked in -- for this 24 report that you just submitted, to address the</p>

7 (Pages 22 to 25)

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 26</p> <p>1 biological plausibility of the plaintiffs' theory 2 that cosmetic talcum powder can cause ovarian 3 cancer. Right? 4 A Correct. 5 Q And that would be the stand- -- from 6 the standpoint of the genomics and molecular 7 biology that is your expertise; correct? 8 MS. CURRY: 9 Object to the form. 10 A So I think they were asking me in the 11 big picture the biologic plausibility of talc 12 being involved in the -- causing ovarian cancer 13 and then my scientific experience, even clinical 14 experience, would factor into -- to -- to that 15 expert opinion. 16 MS. THOMPSON: 17 Q Was that a different opinion than what 18 you were asked to provide in the previous cases 19 that you testified in? 20 MS. CURRY: 21 Object to the form. 22 A Previously -- the answer, I believe, is 23 no. But I was asked for general causation 24 before. This was a more -- somewhat more narrow</p>	<p style="text-align: right;">Page 28</p> <p>1 with an increased risk of epithelial ovarian 2 cancer? 3 A Correct. 4 Q Is it your opinion that the genital use 5 of talcum powder is not a risk factor for 6 epithelial ovarian cancer? 7 A Correct. 8 Q Is it your opinion that genital use of 9 talcum powder products does not cause ovarian 10 cancer? 11 A Correct. 12 Q Is it your opinion that the genital use 13 of talcum powder products does not cause ovarian 14 cancer in some women? 15 MS. CURRY: 16 Object to the form. 17 A Correct. 18 MS. THOMPSON: 19 Q And that would be ever. 20 MS. CURRY: 21 Object -- object to the form. 22 A No data to support that. 23 MS. THOMPSON: 24 Q Is it your opinion that the genital use</p>
<p style="text-align: right;">Page 27</p> <p>1 expert opinion. 2 MS. THOMPSON: 3 Q So in this case, you're not providing 4 general causation opinions. You're providing the 5 biological mechanism, plausibility opinions; 6 correct? 7 A Well, the title -- 8 MS. CURRY: 9 Object to the form. 10 A The title on the expert report is for 11 General Causation For the Daubert Hearing. But 12 my understanding was -- was to focus extensively, 13 if you will, on the biologic plausibility. 14 MS. THOMPSON: 15 Q And because biological plausibility is 16 part of general causation; correct? 17 A Correct. 18 Q But it's not the whole of general 19 causation. Is that your understanding? 20 A Correct. 21 Q So I want to make sure that I 22 understand your opinions. 23 Is it your opinion that the perineal 24 use of talcum powder products is not associated</p>	<p style="text-align: right;">Page 29</p> <p>1 of talcum powder does not contribute to the 2 development of epithelial ovarian cancer? 3 A Yes. 4 Q And do you say that there's no data to 5 support that as well? 6 A Correct. 7 Q Is it your opinion that genital use of 8 talcum powder does not contribute to the 9 development of ovarian cancer in some women? 10 MS. CURRY: 11 Object to the form. 12 A There's no data to support that either. 13 MS. THOMPSON: 14 Q So the answer is yes? 15 A Yes. 16 Q Is it your opinion that any proposed 17 biologic mechanism for how the genital use of 18 talcum powder products could cause epithelial 19 ovarian cancer is not plausible? 20 MS. CURRY: 21 Object to the form. 22 A I would agree with that statement. 23 It's not biologically plausible. 24 MS. THOMPSON:</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 30</p> <p>1 Q Is it your opinion that any proposed</p> <p>2 biologic mechanism for how the genital use of</p> <p>3 talcum powder products might contribute to the</p> <p>4 development of ovarian cancer is not plausible?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A There's no data for that either.</p> <p>8 MS. THOMPSON:</p> <p>9 Q So the answer would be yes?</p> <p>10 A Yes.</p> <p>11 Q Do you intend to give opinions on</p> <p>12 whether talc particles can reach the ovaries?</p> <p>13 A I believe on my expert report and in --</p> <p>14 and I'm more than happy to talk about it --</p> <p>15 reviews the migration theories.</p> <p>16 Q Do you consider yourself to be an</p> <p>17 expert in that area?</p> <p>18 A I think that those studies are</p> <p>19 relatively straightforward and, based upon my</p> <p>20 experience that, I would be relatively easy to</p> <p>21 interpret those.</p> <p>22 Q Do you feel like you would be in a</p> <p>23 better position than a gynecologist or</p> <p>24 gynecologic oncologist?</p>	<p style="text-align: right;">Page 32</p> <p>1 Object to the form.</p> <p>2 A Correct.</p> <p>3 MS. THOMPSON:</p> <p>4 Q Are all the opinions contained in your</p> <p>5 report that you will be providing in this case?</p> <p>6 A That's a tough question to ask because</p> <p>7 I don't know what you're gonna ask me.</p> <p>8 Q Fair enough.</p> <p>9 Can you think of any areas, sitting</p> <p>10 here today, that you intend to testify in other</p> <p>11 than the migration and transport of particles and</p> <p>12 the molecular and genomics of cellular tissue</p> <p>13 response to talc?</p> <p>14 MS. CURRY:</p> <p>15 Object to the form.</p> <p>16 A Well, that's the bulk of my expert</p> <p>17 report. I'm -- again, it depends on what you ask</p> <p>18 me within the construct of general causation.</p> <p>19 I'm willing to talk about some of that.</p> <p>20 MS. THOMPSON:</p> <p>21 Q Okay. I understand.</p> <p>22 A Uh-huh.</p> <p>23 Q And you are not an epidemiologist;</p> <p>24 correct?</p>
<p style="text-align: right;">Page 31</p> <p>1 A Yes.</p> <p>2 Q Have you found any new expertise in the</p> <p>3 migration or transport of particles in the female</p> <p>4 reproductive system since 2017?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A I'm not sure what you mean by "found</p> <p>8 any new expertise." In the literature or my own</p> <p>9 experience?</p> <p>10 MS. THOMPSON:</p> <p>11 Q Do you believe that you have more</p> <p>12 expertise in that subject than you did in 2017?</p> <p>13 A I think that it's comparable.</p> <p>14 Q So that would be no additional</p> <p>15 expertise since 2017, when you testified</p> <p>16 previously?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A Not that I can identify as -- as we're</p> <p>20 discussing this.</p> <p>21 MS. THOMPSON:</p> <p>22 Q And same for 2018, when you gave a</p> <p>23 deposition in -- in a talcum powder case?</p> <p>24 MS. CURRY:</p>	<p style="text-align: right;">Page 33</p> <p>1 A I don't have a degree in epidemiology.</p> <p>2 But I have training.</p> <p>3 Q So would you agree that your</p> <p>4 understanding of epidemiology is general in</p> <p>5 nature?</p> <p>6 MS. CURRY:</p> <p>7 Object to the form.</p> <p>8 A So in order to be a, you know,</p> <p>9 laboratory-based scientist in this field and a</p> <p>10 clinician to treat patients, you certainly need</p> <p>11 to have an understanding of epidemiologic</p> <p>12 studies, so I have that understanding. And I</p> <p>13 think that it gives me the ability to assess</p> <p>14 epidemiologic studies and to draw conclusions</p> <p>15 from them.</p> <p>16 MS. THOMPSON:</p> <p>17 Q But if you're looking for more nuanced</p> <p>18 or more comprehensive epidemiological experience,</p> <p>19 you would look to an actual epidemiologist;</p> <p>20 correct?</p> <p>21 MS. CURRY:</p> <p>22 Object to the form.</p> <p>23 A Well, I think it would depend on the</p> <p>24 question that's being asked.</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 34</p> <p>1 MS. THOMPSON: 2 Q Well, for example, in the consortium 3 that you publish with, there are specific 4 epidemiologists that publish with the group; 5 correct? 6 A Which consortium are you referring to? 7 Q There are several? 8 A Yes. 9 Q Take -- take the Ovarian Cancer 10 Association Consortium. 11 A The GOS? 12 Q No. OCAC or -- 13 A Okay. 14 Q There are specific epidemiologists that 15 I assume are recruited to -- to provide the 16 epidemiology experience in that consortium; 17 correct? 18 A There are epidemiologists in that 19 consortium. I will point out there are lots of 20 other people and scientists. 21 Q And -- and -- and you would be sought 22 out for that type of consortium because of your 23 molecular experience; correct? 24 MS. CURRY:</p>	<p style="text-align: right;">Page 36</p> <p>1 comments, and they're all listed in terms of 2 biologic plausibility. And then, of course, I 3 spent a lot of time on Dr. Saed. 4 MS. THOMPSON: 5 Q My question, though, is which of the 6 plaintiff experts were you asked to offer 7 criticism of? 8 MS. CURRY: 9 Object to the form. 10 A So I reviewed the entire list, and 11 that's listed in the materials. I think it's on 12 page -- 13 MS. THOMPSON: 14 Q 28? 15 A -- 28 and 29. 16 Q Okay. Let's go ahead and go -- do -- 17 did you read all of these experts -- expert 18 reports? 19 A I looked through them, yes. 20 Q And each one? 21 A Correct. 22 Q All right. Let's go through each one 23 and have you tell me what you gleaned from each 24 expert report.</p>
<p style="text-align: right;">Page 35</p> <p>1 Object to the form. 2 A Well, I would add to that that I think 3 from a -- sort of a clinical standpoint we 4 provide some reality testing in terms of 5 whether -- what they're observing is actually 6 meaningful. 7 MS. THOMPSON: 8 Q Yes. So it would be for your 9 experience as a clinician in genomics and 10 molecular researcher; right? 11 A Yes. 12 Q That makes sense. 13 You're not a gynecologist or 14 gynecologic oncologist; correct? 15 A Correct. 16 Q Were you asked to offer criticism of 17 plaintiff experts and their opinions? 18 MS. CURRY: 19 Object to the form. 20 A So in my expert report, I really 21 reviewed the primary literature, and with -- with 22 then integrating that into the arguments made by 23 plaintiffs' expert witnesses. So you see in a 24 section there I began to look at individuals'</p>	<p style="text-align: right;">Page 37</p> <p>1 MS. CURRY: 2 Object to the form. 3 MS. THOMPSON: 4 Q Ann McTiernan, do you know Ann 5 McTiernan? 6 A I don't know her personally. 7 Q What's her field of expertise? 8 A I would have to check that. 9 Q So you don't remember here today 10 what -- 11 A Well, you're reviewing, I think -- 12 let's be honest, 300 pages. I'm not going to be 13 able to go through those systematically. 14 Q Well -- 15 A But if you look at my report, it very 16 specifically addressed some of the flaws in the 17 experts' opinions regarding migration of talc. 18 Q I -- I understand. But my question is 19 do you know what Dr. McTiernan's area of 20 expertise is? And it's fine if you don't. 21 A I'd have to look it up. 22 Q Okay. Do you know Dr. Carson's area of 23 expertise? 24 A I have never met him, and I don't know</p>

Michael Birrer, M.D., Ph.D.

Page 38	Page 40
<p>1 him.</p> <p>2 Q Have you met Dr. McTiernan?</p> <p>3 A No.</p> <p>4 Q What is Dr. Clarke-Pearson's area of</p> <p>5 expertise?</p> <p>6 A Clarke-Pearson is a gynecological</p> <p>7 oncologist, former department chair at UNC. Now</p> <p>8 he's stepped down.</p> <p>9 Q And do you know Dr. Clarke-Pearson?</p> <p>10 A I've met him.</p> <p>11 Q And what about Dr. Kessler?</p> <p>12 A I've never met Dr. Kessler.</p> <p>13 Q What's his area of expertise?</p> <p>14 A I can't quote you that.</p> <p>15 Q What's Dr. Smith's area of expertise?</p> <p>16 A I think Dr. Smith's pretty -- actually,</p> <p>17 I can't tell you.</p> <p>18 Q And Dr. Saed, I think we know.</p> <p>19 What about Dr. Siemiatycki?</p> <p>20 A Uh-uh. No.</p> <p>21 Q Dr. Wolf?</p> <p>22 A I've met Judith. She's a gynecologic</p> <p>23 oncologist.</p> <p>24 Q And do you know Dr. Zelikoff's area of</p>	<p>1 experiments?</p> <p>2 A No. Laboratory-based?</p> <p>3 Q Laboratory, yes.</p> <p>4 A No.</p> <p>5 Q What did you know about talcum powder</p> <p>6 and a possible link to ovarian cancer before you</p> <p>7 were approached to serve as an expert in 2017?</p> <p>8 A So it was not something that we dealt</p> <p>9 with clinically. We never counseled patients.</p> <p>10 Scientifically, it never really was part of my</p> <p>11 laboratory effort. I didn't know really -- I</p> <p>12 didn't know anybody working with it in the lab.</p> <p>13 And -- and, you know, to be fair, I would say</p> <p>14 that I was aware of the sort of concept that some</p> <p>15 people -- some epidemiologic studies were being</p> <p>16 done trying to determine relationship of talc</p> <p>17 exposure to ovarian cancer. And that's about it.</p> <p>18 Q Were you -- were you aware of the</p> <p>19 issues raised by Dr. Woodruff and others in the</p> <p>20 '70s about possible contamination with asbestos?</p> <p>21 MS. CURRY:</p> <p>22 Object to the form.</p> <p>23 A No.</p> <p>24 MS. THOMPSON:</p>
Page 39	Page 41
<p>1 expertise?</p> <p>2 A I don't know her.</p> <p>3 Q Nor her area of expertise?</p> <p>4 A Correct.</p> <p>5 Q What about Dr. Plunkett? Do you know</p> <p>6 her area of expertise?</p> <p>7 A I don't.</p> <p>8 Q Dr. Moorman, do you know her area of</p> <p>9 expertise?</p> <p>10 A Don't know her. No.</p> <p>11 Q Dr. Smith-Bindman, do you know her area</p> <p>12 of expertise?</p> <p>13 A No.</p> <p>14 Q Do you know the area of expertise of</p> <p>15 Dr. Kane?</p> <p>16 A Nope.</p> <p>17 Q Dr. Levy?</p> <p>18 A No.</p> <p>19 Q Dr. Singh?</p> <p>20 A No.</p> <p>21 Q Were you asked by Johnson & Johnson to</p> <p>22 perform any experiments?</p> <p>23 A No.</p> <p>24 Q Did you offer to perform any</p>	<p>1 Q Did you have any opinions about whether</p> <p>2 talcum powder could cause ovarian cancer before</p> <p>3 you were approached to serve as an expert?</p> <p>4 A Well, my sense was that it wasn't a</p> <p>5 factor.</p> <p>6 Q And what was --</p> <p>7 A Because we -- again, we weren't -- we</p> <p>8 weren't using it in the clinic. We weren't</p> <p>9 talking about it. There were essentially no</p> <p>10 presentations in the biologic plausibility within</p> <p>11 any of the scientific meetings that I would go</p> <p>12 to.</p> <p>13 Q And at that time, that's what your</p> <p>14 impression, at least, would have been based on?</p> <p>15 MS. CURRY:</p> <p>16 Object to the form.</p> <p>17 A Yeah.</p> <p>18 MS. THOMPSON:</p> <p>19 Q Did you write your report?</p> <p>20 A Yes.</p> <p>21 Q Every word?</p> <p>22 A Yes.</p> <p>23 Q Did you choose the literature to cite?</p> <p>24 A So I pulled out most of that myself,</p>

11 (Pages 38 to 41)

Michael Birrer, M.D., Ph.D.

Page 42	Page 44
<p>1 went back and did a reference list and then</p> <p>2 pulled more. As I said before, the expert</p> <p>3 reports would have been provided from counsel.</p> <p>4 There may have been some papers that I</p> <p>5 said, hey, I don't have this. Can you pull this</p> <p>6 out? And then they would -- they would provide</p> <p>7 it to me.</p> <p>8 Q And there are -- just so I understand</p> <p>9 the literature --</p> <p>10 A Uh-huh.</p> <p>11 Q -- there's literature that you actually</p> <p>12 cite in the report in footnotes; right?</p> <p>13 A Correct.</p> <p>14 Q And then there's another list at the</p> <p>15 end of the report that's considered -- that's</p> <p>16 titled "Materials Reviewed and Considered by Dr.</p> <p>17 Birrer"; right?</p> <p>18 A That's right.</p> <p>19 Q And can I assume that the literature</p> <p>20 that are actually cited in the footnotes is</p> <p>21 literature that you felt was particularly</p> <p>22 significant?</p> <p>23 MS. CURRY:</p> <p>24 Object to the form.</p>	<p>1 of information, I did that by searching.</p> <p>2 MS. THOMPSON:</p> <p>3 Q And what search engines did you use?</p> <p>4 A It was mostly PubMed, which is</p> <p>5 something we use all the time.</p> <p>6 Q And did you -- what search terms did</p> <p>7 you use?</p> <p>8 A Ovary, ovarian cancer, talc. So the</p> <p>9 ones you -- you'd predict. And that doesn't</p> <p>10 necessarily generate the entire list. Right? I</p> <p>11 mean, you get the list and then you look at the</p> <p>12 papers, go back to the references in those</p> <p>13 papers, and then you see if you -- you're missing</p> <p>14 out. Then you pull out more. And as you go</p> <p>15 through this iteration, you begin to find out</p> <p>16 that you're identifying the same patient -- the</p> <p>17 same papers. So then you begin to get an idea</p> <p>18 that you have the sum total of what you need.</p> <p>19 Q And have you saved those papers</p> <p>20 anywhere?</p> <p>21 A So those were -- the way that worked</p> <p>22 was they came in, mostly computer-based, and then</p> <p>23 I would look at those, extract what I wanted, and</p> <p>24 then construct the report. And that was all done</p>
Page 43	Page 45
<p>1 A Yeah. So the idea here was to try to</p> <p>2 provide some guidance as to where that reference</p> <p>3 was relevant within the document. That's why</p> <p>4 it's on each page. At the end is a sort of sum</p> <p>5 total.</p> <p>6 MS. THOMPSON:</p> <p>7 Q Okay.</p> <p>8 A Yeah.</p> <p>9 Q Did you choose any quotes that are</p> <p>10 included in your expert report yourself?</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 MS. THOMPSON:</p> <p>14 Q It was a bad question.</p> <p>15 Did you choose the quotes that are</p> <p>16 included in your expert report?</p> <p>17 A Correct.</p> <p>18 Q Did you choose the language that you</p> <p>19 used to criticize the plaintiffs' experts?</p> <p>20 A Correct.</p> <p>21 Q Did you perform any searches?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A In order to generate the original body</p>	<p>1 in the computer.</p> <p>2 Q But what happened to the articles?</p> <p>3 MS. CURRY:</p> <p>4 Object to the form.</p> <p>5 A Well, they'd be computer-based, or</p> <p>6 there's backup, I believe, some backup copies</p> <p>7 here on everything.</p> <p>8 MS. THOMPSON:</p> <p>9 Q So -- so everything that you looked at</p> <p>10 would be in your materials considered list and</p> <p>11 the supplemental materials considered list?</p> <p>12 A Correct. Yep.</p> <p>13 Q Did you look at plaintiff expert</p> <p>14 depositions?</p> <p>15 A Correct.</p> <p>16 Q Which ones?</p> <p>17 A So I looked at the deposition of</p> <p>18 Dr. Saenz. I think that's listed on supplemental</p> <p>19 deposition.</p> <p>20 MS. CURRY:</p> <p>21 I believe she asked about plaintiff</p> <p>22 expert deposition.</p> <p>23 MS. THOMPSON:</p> <p>24 Q Plaintiff.</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 46</p> <p>1 A I'm sorry. I'm on the wrong one. So</p> <p>2 that would be Dr. Saed.</p> <p>3 Q Uh-huh.</p> <p>4 A And I think -- let's go back and look.</p> <p>5 I think -- yeah. It was 23 and 24 are -- were</p> <p>6 both the Saed depositions. I think that's it.</p> <p>7 Q In the file -- the backup file that you</p> <p>8 mentioned that's here, is that on a thumb drive</p> <p>9 or what's --</p> <p>10 MS. CURRY:</p> <p>11 Object to the form. They're actually</p> <p>12 my -- the lawyer's files. I just brought a copy</p> <p>13 of the references in case we needed to refer to</p> <p>14 everything. But it's not -- actually not</p> <p>15 Dr. Birrer's file.</p> <p>16 MS. THOMPSON:</p> <p>17 Q So there's no electronic file that you</p> <p>18 possess?</p> <p>19 A Yeah.</p> <p>20 Q Did you make any notes or highlights on</p> <p>21 any of the articles that --</p> <p>22 A (Shakes head negatively.)</p> <p>23 Q And in addition to Dr. Saed's</p> <p>24 deposition, you have listed two drafts of his</p>	<p style="text-align: right;">Page 48</p> <p>1 MS. CURRY:</p> <p>2 Here you go.</p> <p>3 A This supplemental list with objections</p> <p>4 or the extra paper?</p> <p>5 MS. THOMPSON:</p> <p>6 Q And you reviewed some reports from</p> <p>7 governmental and regulatory agencies; correct?</p> <p>8 A Correct.</p> <p>9 Q I'll go ahead and mark those. We're</p> <p>10 gonna discuss them more later.</p> <p>11 (DEPOSITION EXHIBIT NUMBER 4</p> <p>12 WAS MARKED FOR IDENTIFICATION.)</p> <p>13 MS. THOMPSON:</p> <p>14 Q You've looked at the Health Canada's</p> <p>15 recent draft assessment; correct?</p> <p>16 A Yes.</p> <p>17 Q When did you first see that?</p> <p>18 A It was in a deposition of Dr. Saenz's.</p> <p>19 Q And do you know when that was first</p> <p>20 published?</p> <p>21 A The Health Canada?</p> <p>22 Q Yes.</p> <p>23 A Fairly recently. Can't quote you the</p> <p>24 date.</p>
<p style="text-align: right;">Page 47</p> <p>1 manuscript that was recently published; correct?</p> <p>2 A I believe I saw the pre-print and then</p> <p>3 the copy of the actual published paper. And, of</p> <p>4 course, his expert report.</p> <p>5 Q When did you first see Dr. Saed's</p> <p>6 manuscript?</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A Preprint or published?</p> <p>10 MS. THOMPSON:</p> <p>11 Q Either.</p> <p>12 A So I think the preprint came first,</p> <p>13 obviously. The expert report was available</p> <p>14 first, and then the preprint, and then just</p> <p>15 within, I think, a month and a half I got the</p> <p>16 paper. It was pretty recent.</p> <p>17 Q Is Dr. Saenz's published manuscript on</p> <p>18 your supplemental materials list?</p> <p>19 MS. CURRY:</p> <p>20 It's attached to the objections, which</p> <p>21 is Exhibit 3.</p> <p>22 MS. THOMPSON:</p> <p>23 Yeah. I -- I couldn't find my notice</p> <p>24 with objections.</p>	<p style="text-align: right;">Page 49</p> <p>1 Q If it was December, would that surprise</p> <p>2 you?</p> <p>3 MS. CURRY:</p> <p>4 Object to the form.</p> <p>5 A December of --</p> <p>6 MS. THOMPSON:</p> <p>7 Q Of '18?</p> <p>8 A That's pretty recent.</p> <p>9 Q Were you not aware that this had been</p> <p>10 put online by Health Canada prior to Dr. Saenz's</p> <p>11 deposition?</p> <p>12 A I was not.</p> <p>13 Q Did you review that 2014 letter from</p> <p>14 FDA in response to a public citizen complaint?</p> <p>15 A I am familiar with that.</p> <p>16 (DEPOSITION EXHIBIT NUMBER 5</p> <p>17 WAS MARKED FOR IDENTIFICATION.)</p> <p>18 MS. THOMPSON:</p> <p>19 Q And I'll mark that 2014 public citizen</p> <p>20 response letter from the FDA as Exhibit Number 5.</p> <p>21 Does that look like the letter that you</p> <p>22 reviewed, Dr. Birrer?</p> <p>23 A (Nods affirmatively.) I've seen that,</p> <p>24 yeah.</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 50</p> <p>1 Q And did you review the IARC Monograph 2 on Nonasbestiform Talc from 2010? 3 A I did. 4 Q And that will be Exhibit Number 6. 5 (DEPOSITION EXHIBIT NUMBER 6 6 WAS MARKED IDENTIFICATION.) 7 MS. THOMPSON: 8 Q Does that look like the document that 9 you reviewed? 10 A Yes. Yeah. I've seen that. Yep. 11 MS. THOMPSON: 12 Dawn, if you want more copies, I'm 13 happy to give -- 14 MS. CURRY: 15 I'm okay. I don't know if other 16 counsel need a copy to review. 17 MR. MIZGALA: 18 No. 19 MS. THOMPSON: 20 I think for most everything I have 21 another copy, so if there's anything you'd like 22 to see and not have to take home with you, I'm 23 happy to provide it. 24 MS. THOMPSON:</p>	<p style="text-align: right;">Page 52</p> <p>1 Q Okay. That's my question. 2 A Yes. 3 Q But it was published in December, and 4 you didn't look at it until you saw it in 5 Dr. Saenz's deposition as an exhibit; right? 6 A Correct. 7 Q Did you deem it important? 8 MS. CURRY: 9 Object to the form. 10 A Well, since it was quoted and my 11 impression was that there were people who thought 12 this was important, that necessitated me to take 13 a look at it. 14 MS. THOMPSON: 15 Q Did you think it was important? 16 MS. CURRY: 17 Object to the form. 18 A Well, after I read it, again, my sense 19 was it doesn't really sway me one more -- one way 20 or the other because they're -- they're 21 essentially re-reviewing all the data that we 22 know and coming to a different conclusion. I 23 just think they got it wrong, unfortunately. 24 MS. THOMPSON:</p>
<p style="text-align: right;">Page 51</p> <p>1 Q Did you know that the Health Canada 2 assessment was made pub- -- made available to the 3 public? 4 A Yes. 5 MS. CURRY: 6 Object to the form. 7 MS. THOMPSON: 8 Q Do you believe that the Health Canada 9 risk assessment is relevant to the topic today? 10 MS. CURRY: 11 Object to the form. 12 A It doesn't change my opinion about 13 biologic plausibility. It's a -- obviously, an 14 opinion that's based upon a lot of data that I 15 believe is reviewed by Taher, which is 16 information data that I already was aware of, so 17 it doesn't really sway me one way or the other. 18 MS. THOMPSON: 19 Q But my question was, did you deem it 20 relevant? 21 MS. CURRY: 22 Object to the form. 23 A Relevant to review. 24 MS. THOMPSON:</p>	<p style="text-align: right;">Page 53</p> <p>1 Q But you will agree that it did provide 2 an extensive review on the subject? 3 MS. CURRY: 4 Object to the form. 5 A It was, I thought, would be described 6 as extensive. 7 MS. THOMPSON: 8 Q Did you review the statement of the 9 methodology that accompanied the risk assessment? 10 A I went -- I looked through it. 11 Q I'll mark that as Exhibit 7. 12 (DEPOSITION EXHIBIT NUMBER 7 13 WAS MARKED IDENTIFICATION.) 14 MS. THOMPSON: 15 Q Is that what you saw? 16 A I didn't see it printed like this with 17 the color on it. Yeah. 18 Q And let's just look at page 2 of the 19 document titled "Weight of Evidence, General 20 Principles and Current Applications in Health 21 Canada." 22 Does number 3, Role in Risk 23 Assessments, generally outline the methodology 24 that Health Canada applied to this risk</p>

14 (Pages 50 to 53)

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 54</p> <p>1 assessment?</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 A Yeah. I think it's a summary of</p> <p>5 what -- of how they approached it. That's my</p> <p>6 sense. Yep.</p> <p>7 MS. THOMPSON:</p> <p>8 Q And for the risk assessment, Health</p> <p>9 Canada assumed talc or talcum products to be</p> <p>10 nonasbestiform.</p> <p>11 Is that your understanding?</p> <p>12 A Yeah. I believe that's what they</p> <p>13 focused on.</p> <p>14 Q What does nonasbestiform mean?</p> <p>15 A I'm not going to go down the line of</p> <p>16 being an expert in asbestos.</p> <p>17 Q So do you not know what it means when</p> <p>18 the talc is considered nonasbestiform?</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 A I'm assuming they're addressing sort of</p> <p>22 mineral characterization of these substances.</p> <p>23 But again, I -- that's not my area of expertise.</p> <p>24 I'm not a geologist and it -- it in many ways is</p>	<p style="text-align: right;">Page 56</p> <p>1 MS. THOMPSON:</p> <p>2 Q So you're agreeing it's irrelevant what</p> <p>3 form the particles are in when --</p> <p>4 A I'm saying we don't have any data.</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 You have to let her get her --</p> <p>8 THE WITNESS:</p> <p>9 Okay.</p> <p>10 MS. CURRY:</p> <p>11 -- entire question out before you</p> <p>12 answer so that the court reporter can get</p> <p>13 everything down.</p> <p>14 MS. THOMPSON:</p> <p>15 Q No data isn't the same as irrelevant,</p> <p>16 and that's my question.</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A You know, again, I don't think I can</p> <p>20 answer that "yes" or "no."</p> <p>21 MS. THOMPSON:</p> <p>22 Q Is it important whether the substance</p> <p>23 in Johnson's baby powder and Shower to Shower is</p> <p>24 in a particulate form or in a fiber form?</p>
<p style="text-align: right;">Page 55</p> <p>1 sort of irrelevant to looking at many of the</p> <p>2 studies which are just looking at talcum powder.</p> <p>3 MS. THOMPSON:</p> <p>4 Q Does it not matter to you whether that</p> <p>5 talc is in a particle or fiber -- fiber form?</p> <p>6 MS. CURRY:</p> <p>7 Object to the form.</p> <p>8 A Well, I looked at, again, extensively</p> <p>9 all the data that was addressing whether talcum</p> <p>10 powder is a risk factor or plays a role in</p> <p>11 developing ovarian cancer. It is irrelevant in</p> <p>12 that setting whether there are components in</p> <p>13 there that go from asbestiform to heavy metals to</p> <p>14 fragrance. That data would be clear from those</p> <p>15 experiments, and they're not.</p> <p>16 MS. THOMPSON:</p> <p>17 Q So is the answer that -- is it</p> <p>18 irrelevant whether the particles are in a</p> <p>19 particulate form or in a fiber form?</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 A Again, I -- that -- that experiment has</p> <p>23 not been done in the -- the -- in the -- in the</p> <p>24 data that I looked at.</p>	<p style="text-align: right;">Page 57</p> <p>1 MS. CURRY:</p> <p>2 Object to the form.</p> <p>3 A I don't know.</p> <p>4 MS. THOMPSON:</p> <p>5 Q You don't know if it's important?</p> <p>6 A I don't know if it's important.</p> <p>7 Q Okay. And is part of the reason is</p> <p>8 because you're not an expert in asbestos?</p> <p>9 MS. CURRY:</p> <p>10 Object to the form.</p> <p>11 A Again, I wasn't asked to evaluate the</p> <p>12 role of asbestos in ovarian cancer. I have an</p> <p>13 opinion on that based upon some of the</p> <p>14 epidemiologic studies.</p> <p>15 But in terms of the compositional</p> <p>16 analysis of talcum powder, that is not within the</p> <p>17 area of my expertise, and the various forms of</p> <p>18 asbestos in talc in terms of mineralogy is not</p> <p>19 something that I've spent time on.</p> <p>20 But, as I pointed out before, the</p> <p>21 experiments that have been conducted address that</p> <p>22 issue, which is they're using talcum powder. If</p> <p>23 it's got a variety of substances in it, any one</p> <p>24 of which match and play a role in ovarian cancer,</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 58</p> <p>1 it would have been obvious from the data and it's</p> <p>2 not.</p> <p>3 MS. THOMPSON:</p> <p>4 Q Is it your opinion that baby powder and</p> <p>5 Shower to Shower -- and you understand those are</p> <p>6 the two products that we're here to talk about</p> <p>7 today; right?</p> <p>8 A Yes. J & J products?</p> <p>9 Q Yes.</p> <p>10 Is it your opinion that those products</p> <p>11 have been proven safe?</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 A So there's no data that I know of that</p> <p>15 says they're not safe.</p> <p>16 MS. THOMPSON:</p> <p>17 Q That's different. Have they been</p> <p>18 proven safe?</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 A Yes.</p> <p>22 MS. THOMPSON:</p> <p>23 Q And what data do you have as the basis</p> <p>24 for that, that they have been proven safe?</p>	<p style="text-align: right;">Page 60</p> <p>1 has it been proven unsafe, so --</p> <p>2 MR. MIZGALA:</p> <p>3 Object to the form.</p> <p>4 MS. THOMPSON:</p> <p>5 Q -- I'll ask the question again.</p> <p>6 Have these products been proven safe in</p> <p>7 your mind?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A Again, it is -- it is an issue about</p> <p>11 trying to prove a negative. The data is there</p> <p>12 are decades of use of this, this material,</p> <p>13 perineal dusting, with no evidence, no convincing</p> <p>14 evidence that it's unsafe. I conclude that it's</p> <p>15 a safe product.</p> <p>16 MS. THOMPSON:</p> <p>17 Q Do you believe that the molecular data</p> <p>18 proves the product safe?</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 A Can you define "molecular data"?</p> <p>22 MS. THOMPSON:</p> <p>23 Q The -- the studies that have been</p> <p>24 performed on talcum powder, do you believe they</p>
<p style="text-align: right;">Page 59</p> <p>1 A Again, years and years of usage with</p> <p>2 these experiments and biologic systems,</p> <p>3 epidemiologic data is basically not exposing or</p> <p>4 uncovering any definitive data that that they're</p> <p>5 unsafe.</p> <p>6 Q So you believe the epidemiological data</p> <p>7 proves the product safe?</p> <p>8 A I don't think it -- it proves that it's</p> <p>9 a risk factor.</p> <p>10 Q Is that --</p> <p>11 A You're asking -- you're asking me to</p> <p>12 prove a negative. I can't do that.</p> <p>13 Q So you're not -- you're unable to prove</p> <p>14 that it's safe because you can't prove a</p> <p>15 negative?</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 MS. THOMPSON:</p> <p>19 Q Is that what you're saying?</p> <p>20 A I get -- yeah. I think -- I think the</p> <p>21 issue in front of us is: Is it unsafe? And the</p> <p>22 answer to that is there's no data for it.</p> <p>23 Q Well, the issue is what I asked you.</p> <p>24 And my question was has it been proven safe, not</p>	<p style="text-align: right;">Page 61</p> <p>1 prove that the products are safe?</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 A Just repeat that once more, please.</p> <p>5 MS. THOMPSON:</p> <p>6 Q The molecular studies that have been</p> <p>7 done on talcum powder, is it your opinion that</p> <p>8 they prove that the products are safe?</p> <p>9 MS. CURRY:</p> <p>10 Object to the form.</p> <p>11 A So I refine that a bit because I don't</p> <p>12 really consider them molecular studies. They're</p> <p>13 biologic studies, and there's a difference.</p> <p>14 The biologic studies which I reviewed,</p> <p>15 which I think is the sum total that's out there,</p> <p>16 are completely unconvincing, unconvincing that</p> <p>17 talcum powder is a -- plays a role in the</p> <p>18 development of ovarian cancer.</p> <p>19 MS. THOMPSON:</p> <p>20 Q But my question was is it your belief</p> <p>21 that the biologic studies confirm that the</p> <p>22 product is safe?</p> <p>23 MS. CURRY:</p> <p>24 Object to the form.</p>

16 (Pages 58 to 61)

Michael Birrer, M.D., Ph.D.

Page 62	Page 64
<p>1 A Again, we're back sort of to that 2 negative. I -- I think if -- I don't think they 3 convince me at all that it's -- it's a risk or 4 that it has any biologic activity on the target 5 organ, which is the ovary. And then in the 6 context of decades of use, then I would conclude 7 that it's a safe product. 8 MS. THOMPSON: 9 Q And it's fine to say you can't 10 answer -- you can't answer the question. But I 11 need -- but I want to have an answer. 12 And that is: Is it your opinion that 13 the biologic studies show that the products are 14 safe? 15 MS. CURRY: 16 Object to the form. 17 A Yeah. I -- I think -- I think 18 certainly that -- I think we can say that the 19 biologic studies do not reveal any untoward 20 effects. It's not reliable. The experiments are 21 not reliable. And so in that context, it's a 22 safe product. 23 I mean, again, you're asking me for a 24 biologic experiment that proves something is</p>	<p>1 reviewing the assessment? 2 A I believe so, but let me just -- 3 MS. CURRY: 4 Do you have the marked Exhibit 4 there? 5 I don't think the witness actually has 6 the -- 7 Oh, I think it's in front of you here. 8 I'm just gonna grab these marked 9 exhibits for him. Thank you. 10 MS. THOMPSON: 11 I think his is the marked exhibit, 12 unless I -- 13 MS. CURRY: 14 Right. It was just in front of you. 15 MS. THOMPSON: 16 Oh, I -- yeah. 17 MS. CURRY: 18 He didn't have it. That's all. 19 MS. THOMPSON: 20 Sorry. 21 A Yeah, this -- okay. 22 Yeah. So they -- they essentially went 23 through it in that kind of algorithm. 24 MS. THOMPSON:</p>
Page 63	Page 65
<p>1 safe. I don't even know how to conduct an 2 experiment like that. 3 MS. THOMPSON: 4 Q Okay. And again, you know, I can't 5 answer that -- your question -- 6 A It's okay? 7 Q -- is a fine answer. Yeah. 8 MS. CURRY: 9 Object to the form. 10 MS. THOMPSON: 11 Q Back to the weight of the evidence 12 document, it's your understanding that this is 13 the evaluation that Health Canada applied to -- 14 A That's this one? 15 Q Yeah. 16 -- to answering the -- the question of 17 whether talcum powder was a risk for the public 18 in Canada; correct? 19 MS. CURRY: 20 Object to the form. 21 A Correct. 22 MS. THOMPSON: 23 Q And they also applied a Bradford Hill 24 analysis? Is that your understanding from</p>	<p>1 Q I did not see any discussion in your 2 report of a methodology similar to this. Is that 3 right? 4 A Correct. 5 Q Did you perform a weight of the 6 evidence of the data in this case? 7 A So I approached the expert report based 8 upon my experience, both scientifically and 9 clinical. We do this -- we do this a lot, 10 actually, where we'll do a complete review of the 11 literature and then extract the information, 12 dissect it in terms of paper by paper. 13 As a scientist, we don't really weigh 14 studies in a quantitative way. We don't -- it's 15 really not like a meta-analysis where we're 16 saying, okay, this is -- this is this weight 17 versus that weight. 18 But -- but the gestalt is, if you will, 19 at the end of the day, we look at these studies 20 and say do we believe -- do we think that the 21 data and results are believable; do they -- do 22 they support the conclusions. And we do that 23 individually through all the studies. 24 And my expert report, I think, outlines</p>

17 (Pages 62 to 65)

Michael Birrer, M.D., Ph.D.

Page 66	Page 68
<p>1 that very clearly.</p> <p>2 So I guess the answer to your question</p> <p>3 is at the end of the day, the conclusion is that</p> <p>4 we don't think -- I don't think the data supports</p> <p>5 a biologic plausibility for talc versus -- talc</p> <p>6 and the -- as a role in the development of</p> <p>7 ovarian cancer. That's the sum total of all that</p> <p>8 analysis.</p> <p>9 Q Did you perform a Bradford Hill</p> <p>10 analysis, per se?</p> <p>11 A Not in the expert report. It's really</p> <p>12 focused on biologic plausibility. I'm aware of</p> <p>13 Bradford Hill. Prior depositions, we talked</p> <p>14 about the elements, and I feel like I -- I</p> <p>15 certainly understand those criteria.</p> <p>16 Q But at least in this report, you didn't</p> <p>17 apply the criteria to this subject?</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 A It's really focused on biologic</p> <p>21 plausibility, which, as you know, is one</p> <p>22 component of it.</p> <p>23 MS. THOMPSON:</p> <p>24 Q Correct.</p>	<p>1 Q Is it a credible scientific</p> <p>2 organization?</p> <p>3 MS. CURRY:</p> <p>4 Object to the form.</p> <p>5 A I -- I think, to be fair, they -- they</p> <p>6 recognize this as a group that is careful and is</p> <p>7 invested in this. I would say, though, that</p> <p>8 they're not, as an organization, completely free</p> <p>9 of -- because of the way they're structured with</p> <p>10 WHO, completely free of outside influence or</p> <p>11 politics. That's my sense.</p> <p>12 MS. THOMPSON:</p> <p>13 Q And by outside influence and politics,</p> <p>14 where would that be coming from?</p> <p>15 A From World Health Organization, which</p> <p>16 is their sort of supervising body.</p> <p>17 Q And is it your belief that the World</p> <p>18 Health Organization is politically biased or</p> <p>19 subject to influence from outside?</p> <p>20 A Well, I think it's an organization</p> <p>21 that, by its nature, is, you know, a compendium</p> <p>22 of countries and societies. And, so, it's --</p> <p>23 let's just say it's not necessarily as sort of</p> <p>24 independent as the Academy, National Academy.</p>
Page 67	Page 69
<p>1 And you reviewed that IARC 2010</p> <p>2 document that we've marked as an exhibit; right.</p> <p>3 A This is when it was labeled as 2B;</p> <p>4 right?</p> <p>5 Q Yes.</p> <p>6 And -- and this -- well, this monograph</p> <p>7 was published in 2010; right?</p> <p>8 A Correct.</p> <p>9 Q Is it your understanding that it</p> <p>10 considered literature up to 2006? Correct?</p> <p>11 A Sounds about right, yes.</p> <p>12 Q What is IARC?</p> <p>13 A Well, it's an international agency for</p> <p>14 research on cancer. Part of what they -- their</p> <p>15 responsibility is is to look at environmental</p> <p>16 risks for -- and -- and to sort of attempt to</p> <p>17 quantify them, identify them and quantify them</p> <p>18 for the development of cancer.</p> <p>19 Q Is it generally thought to be a</p> <p>20 reputable scientific organization?</p> <p>21 MS. CURRY:</p> <p>22 Object to the form.</p> <p>23 A How do you define "reputable"?</p> <p>24 MS. THOMPSON</p>	<p>1 Q And by that you mean the National</p> <p>2 Academy of Science and Medicine Engineering, now</p> <p>3 titled?</p> <p>4 A Yes.</p> <p>5 Q Okay. And I believe we talked about</p> <p>6 before this --</p> <p>7 A Uh-huh.</p> <p>8 Q -- this monograph applies to talc not</p> <p>9 containing asbestiform fibers, but that is not</p> <p>10 your area of expertise; correct?</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A Correct.</p> <p>14 MS. THOMPSON:</p> <p>15 Q And you are aware that there's a</p> <p>16 different IARC monograph published in 2012 that</p> <p>17 would cover talc containing asbestos or talc</p> <p>18 containing asbestiform fibers; correct?</p> <p>19 A I don't think I've seen that.</p> <p>20 Q That would be 2012, the 100C. I</p> <p>21 believe it's on your --</p> <p>22 A Is it?</p> <p>23 Q -- reliance list.</p> <p>24 A Do you have a copy?</p>

18 (Pages 66 to 69)

Michael Birrer, M.D., Ph.D.

Page 70	Page 72
<p>1 Q Yeah. It's number 77.</p> <p>2 A 77.</p> <p>3 Q Arsenic, Metals, Fibers and Dust?</p> <p>4 A Oh, I think I -- I'm sorry. That's</p> <p>5 coming back to me. It was a small -- yeah.</p> <p>6 Q And did you -- did you review that IARC</p> <p>7 monograph?</p> <p>8 A Yeah. There was a -- what -- what</p> <p>9 I looked at was a subset of the entire document.</p> <p>10 Yeah.</p> <p>11 Q Did you look at the section with</p> <p>12 asbestos?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A I believe so, yeah.</p> <p>16 MS. THOMPSON:</p> <p>17 Q Did you look at the section with heavy</p> <p>18 metals?</p> <p>19 A No.</p> <p>20 Q Are you aware that that document, 2012,</p> <p>21 100C, includes all forms of asbestos and talc</p> <p>22 containing asbestiform fibers?</p> <p>23 A That sounds correct.</p> <p>24 Q But you're not sure about that today?</p>	<p>1 Object to the form.</p> <p>2 A It's detailed.</p> <p>3 MS. THOMPSON:</p> <p>4 Q Going to the FDA response letter, at</p> <p>5 least by volume, would you agree that this FDA</p> <p>6 letter is a less extensive review?</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A Less pages.</p> <p>10 MS. THOMPSON:</p> <p>11 Q That's kind of what I was getting at.</p> <p>12 How about references?</p> <p>13 A Yeah.</p> <p>14 Q So, essentially, the FDA response</p> <p>15 letter in 2014 does not include a description of</p> <p>16 the methodology or an extensive reference list.</p> <p>17 Is that fair --</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 MS. THOMPSON:</p> <p>21 Q -- statement?</p> <p>22 A Well, I -- again, I think a little bit</p> <p>23 you're comparing apples and oranges in the sense</p> <p>24 that the purpose for these documents is somewhat</p>
Page 71	Page 73
<p>1 MS. CURRY:</p> <p>2 Object to the form.</p> <p>3 A Well, as I said, I'm not a asbestos</p> <p>4 expert. But that -- that IARC volume is focused</p> <p>5 on fibers, so that makes sense.</p> <p>6 MS. THOMPSON:</p> <p>7 Q And have you reviewed the preamble to</p> <p>8 the IARC monographs? It's included in --</p> <p>9 A Yeah.</p> <p>10 Q -- in exhibit --</p> <p>11 A I looked through it.</p> <p>12 Q Okay.</p> <p>13 A It's voluminous.</p> <p>14 Q And does that describe the -- the</p> <p>15 methodology that IARC applies when it's looking</p> <p>16 to determine whether a substance is carcinogenic</p> <p>17 or not?</p> <p>18 A Yes. It's a list of all the</p> <p>19 participants, the general principles, the</p> <p>20 methodology.</p> <p>21 Q And you would agree, similar to Health</p> <p>22 Canada, that that methodology is extensive as</p> <p>23 well?</p> <p>24 MS. CURRY:</p>	<p>1 different in that this is a letter from the FDA</p> <p>2 in response to a -- I think it was a citizen's</p> <p>3 petition. They're not gonna give -- they're not</p> <p>4 gonna send this back to a citizen's petition</p> <p>5 because I think the citizen's petition would be</p> <p>6 insulted because they're not going to be able to</p> <p>7 read it. It's more of a letter than the -- what</p> <p>8 their opinion is.</p> <p>9 Oh. Sorry.</p> <p>10 Q And you're referring to that IARC --</p> <p>11 A Yeah.</p> <p>12 Q -- 2010 monograph. Yeah.</p> <p>13 A Yeah.</p> <p>14 Q Fair enough.</p> <p>15 However, you would consider the FDA a</p> <p>16 credible source?</p> <p>17 A Yes.</p> <p>18 Q Let's look at your CV. And you have</p> <p>19 been a prolific researcher. Would you agree?</p> <p>20 A I survive.</p> <p>21 Q I -- I think there are approximately</p> <p>22 400 published papers. Is that close?</p> <p>23 A Correct.</p> <p>24 Q You have a lot of coauthors on these</p>

Michael Birrer, M.D., Ph.D.

Page 74	Page 76
<p>1 papers. Am I right?</p> <p>2 A Correct.</p> <p>3 Q On some, you're the lead author;</p> <p>4 correct?</p> <p>5 A Correct.</p> <p>6 Q What does the role of lead author</p> <p>7 usually entail?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A So let me -- let me step back and</p> <p>11 define that. I would say anchor positions.</p> <p>12 MS. THOMPSON:</p> <p>13 Q Okay.</p> <p>14 A So first author is usually the person</p> <p>15 who has done most of the work. And, it</p> <p>16 actually -- my first authorship positions have</p> <p>17 sort of faded with time because I take the other</p> <p>18 anchor position, which is the senior author,</p> <p>19 where you're providing guidance, mentorship, and</p> <p>20 then you -- you ultimately are responsible for</p> <p>21 the quality of the paper.</p> <p>22 Q And -- and that --</p> <p>23 A Yeah.</p> <p>24 Q -- that person is -- is often listed</p>	<p>1 A No. I think OCAC is a lot like that.</p> <p>2 MS. THOMPSON:</p> <p>3 Q They're providing tissue samples or are</p> <p>4 they providing expertise?</p> <p>5 A Well, OCAC is the consortium, so</p> <p>6 it's -- it's composed of all of those</p> <p>7 institutions. And those institutions are</p> <p>8 providing specimens. And then the authors from</p> <p>9 those institutions end up on the paper.</p> <p>10 Q How are the authors of the consortium's</p> <p>11 publications selected?</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 A Specific in GWAS or in general?</p> <p>15 MS. THOMPSON:</p> <p>16 Q In OCAC.</p> <p>17 A OCAC. Well, I'm not sure I can quote</p> <p>18 you OCAC rules, but the general guidelines would</p> <p>19 be that from every institution that participated,</p> <p>20 there'd be a primary author. If -- if there was</p> <p>21 somebody else at the institution who specifically</p> <p>22 did something important for that paper, they</p> <p>23 might take two authors. But usually there's a</p> <p>24 limit because you just -- OCAC, I believe, has --</p>
Page 75	Page 77
<p>1 last. Is that right?</p> <p>2 A That's right.</p> <p>3 Q Okay. And can I assume that the</p> <p>4 authors in the middle have varying roles but all</p> <p>5 participate in the preparation of the manuscript</p> <p>6 in some sense?</p> <p>7 A Right. I mean, it becomes -- you</p> <p>8 probably can guess -- somewhat problematic when</p> <p>9 you look at GY studies when there are almost more</p> <p>10 authors than specimens. So the idea there is</p> <p>11 that the individuals in -- in between are still</p> <p>12 contributing to the paper. They're -- they may</p> <p>13 be providing specimens.</p> <p>14 Q And I believe in GWAS, the -- the</p> <p>15 recruitment for GWAS are researchers that can</p> <p>16 provide tissue specimens for the group that's</p> <p>17 analyzing them. Is that a fair --</p> <p>18 A It's a big point. It's -- it's a big</p> <p>19 part of it. Yeah.</p> <p>20 Q And you'd agree that that's different</p> <p>21 from the consortium that we discussed earlier,</p> <p>22 that OCAC consortium; right?</p> <p>23 MS. CURRY:</p> <p>24 Object to the form.</p>	<p>1 I'm guessing -- 50 to maybe even 100</p> <p>2 institutions. So if you were to allow unlimited</p> <p>3 authors, it would be unmanageable.</p> <p>4 Q Would the authors typically be</p> <p>5 considered to have expertise in the particular</p> <p>6 area that they're publishing in?</p> <p>7 A Yes.</p> <p>8 Q Would they typically have previous</p> <p>9 scholarly work or publications?</p> <p>10 MS. CURRY:</p> <p>11 Object to the form.</p> <p>12 A Usually.</p> <p>13 MS. THOMPSON:</p> <p>14 Q Would they typically have a -- a good</p> <p>15 reputation in the scientific or medical</p> <p>16 community?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A I hope so.</p> <p>20 MS. THOMPSON:</p> <p>21 Q Would they typically be knowledgeable</p> <p>22 in that respective field that they're called upon</p> <p>23 to contribute to the --</p> <p>24 MS. CURRY:</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 78</p> <p>1 Object to the form.</p> <p>2 A Yeah. I mean, I think it would be</p> <p>3 very -- again, these GWAS studies -- I'm sorry --</p> <p>4 the GWAS studies are in some ways really unique</p> <p>5 in that there's so many authors. There may be</p> <p>6 individuals in that list who -- who while they're</p> <p>7 ovarian cancer researchers, they could be fairly</p> <p>8 junior, and they may have just provided some</p> <p>9 specimens. Yeah.</p> <p>10 MS. THOMPSON:</p> <p>11 Q Yeah. And I'm not as interested in the</p> <p>12 GWAS because they do have, you know, a whole</p> <p>13 number.</p> <p>14 A Yeah.</p> <p>15 Q But I'm thinking more of the Australian</p> <p>16 consortium, the OCAC, the -- the other ones where</p> <p>17 it looks, at least by appearance, that you're --</p> <p>18 the authors are chosen because they're experts</p> <p>19 in -- in a particular area. For example,</p> <p>20 epidemiology. Would you agree with that</p> <p>21 statement?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A I think that's true -- I think that's</p>	<p style="text-align: right;">Page 80</p> <p>1 of careful thought.</p> <p>2 MS. THOMPSON:</p> <p>3 Q And -- and I'd assume they'd be</p> <p>4 qualified in their area of expertise for the same</p> <p>5 reason, or else you wouldn't choose them. Right?</p> <p>6 A It would be hard for them to contribute</p> <p>7 in a meaningful way if they don't know what</p> <p>8 they're doing.</p> <p>9 Q Okay. Looking at your CV, are there</p> <p>10 any coauthors that you can identify that you</p> <p>11 would not regard as qualified in their respective</p> <p>12 fields?</p> <p>13 A I'm not gonna be able to answer that.</p> <p>14 I've got 400 publications and probably several</p> <p>15 thousand authors.</p> <p>16 Q So do you think there would be some</p> <p>17 that you could identify as not being credible?</p> <p>18 A Not that I know of.</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 A Again, this is realtime, so if we go</p> <p>22 back to my Ph.D., which was on the measles virus</p> <p>23 back when I was a young lad, I don't know that</p> <p>24 field anymore, and I don't know what those</p>
<p style="text-align: right;">Page 79</p> <p>1 true as a -- as general guideline, yeah.</p> <p>2 MS. THOMPSON:</p> <p>3 Q And would the same be true for a paper</p> <p>4 that you're publishing? Would you look for</p> <p>5 coauthors -- either as an anchor or a senior,</p> <p>6 would you look for coauthors that are credible?</p> <p>7 A Well, you know, when you do these</p> <p>8 experiments, you're not really out looking for</p> <p>9 authors. You're doing the experiments, and the</p> <p>10 people who do them, help you design a project,</p> <p>11 deserve authorship. Those are the guidelines.</p> <p>12 And if you're asking would I put</p> <p>13 somebody who I thought was not credible on an</p> <p>14 author list, I'd be very bothered by that. But</p> <p>15 you'd have to define what "credible" means.</p> <p>16 Q Yeah. So I guess rather than choosing</p> <p>17 someone as a coauthor, I should have rephrased</p> <p>18 that. Choosing someone to work on a project that</p> <p>19 would later be published, you can assume that</p> <p>20 person would be credible; correct?</p> <p>21 MS. CURRY:</p> <p>22 Object to the form.</p> <p>23 A Yeah. I choose my collaborators, like</p> <p>24 others, other scientists, with a certain amount</p>	<p style="text-align: right;">Page 81</p> <p>1 individuals have done.</p> <p>2 It's a realtime process. Sometimes</p> <p>3 individuals who seem to be very, very good</p> <p>4 scientists later on in life will get involved in</p> <p>5 scientific misconduct. That may not have been at</p> <p>6 all relevant for when you put that person on your</p> <p>7 paper.</p> <p>8 (DEPOSITION EXHIBIT NUMBER 8</p> <p>9 WAS MARKED IDENTIFICATION.)</p> <p>10 MS. THOMPSON:</p> <p>11 Q I'm gonna just give you a list of some</p> <p>12 coauthors that I pulled off your CV. And would</p> <p>13 you look at that list?</p> <p>14 A Uh-huh.</p> <p>15 Q I narrowed it down from a couple</p> <p>16 thousand to a more manageable number. Are there</p> <p>17 any names on that list that you could identify as</p> <p>18 not being credible?</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 MS. THOMPSON:</p> <p>22 Q And that list is marked as Exhibit --</p> <p>23 Dr. Birrer, can you --</p> <p>24 A 8.</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 82</p> <p>1 Q -- 8.</p> <p>2 A So I would say of this list,</p> <p>3 probably -- I'm estimating -- about 20 percent of</p> <p>4 these people, I'm -- I'm not sure I quite</p> <p>5 remember what paper they're on. But the rest of</p> <p>6 them I know because they're high profile. I</p> <p>7 don't see anybody here that I would say is not a</p> <p>8 good scientist.</p> <p>9 Q And qualified in their respective</p> <p>10 areas?</p> <p>11 A Yes.</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 MS. THOMPSON:</p> <p>15 Q And some -- at least some on the list</p> <p>16 you published with multiple times. Is that fair</p> <p>17 to say?</p> <p>18 A Yeah.</p> <p>19 Q Dr. Birrer, throughout your report you,</p> <p>20 at least at times, used the term "talc." What</p> <p>21 are you referring to when you say talc?</p> <p>22 A So there's two levels of relevance</p> <p>23 here. One is for epidemiologic studies or</p> <p>24 studies that were -- that were conducted. A</p>	<p style="text-align: right;">Page 84</p> <p>1 sense is they command the market. But I'm not --</p> <p>2 I'm not in the supermarket a lot.</p> <p>3 Q And not in the baby powder section?</p> <p>4 A No.</p> <p>5 Q And what is contained in the</p> <p>6 Johnson's -- in Johnson's baby powder, to your</p> <p>7 understanding?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A Talc. And I know that's an issue</p> <p>11 that's come up in terms of are there other</p> <p>12 things. I mean, clearly there are other things</p> <p>13 that -- the product smells nice, so there must be</p> <p>14 some fragrance.</p> <p>15 MS. THOMPSON:</p> <p>16 Q Okay.</p> <p>17 A But I don't know of any -- first of</p> <p>18 all, I don't -- that's not my area of expertise.</p> <p>19 I've certainly never conducted any experiments</p> <p>20 and tried to figure out what's in it and -- and</p> <p>21 wouldn't consider myself an expert in the whole</p> <p>22 mineralogy issue.</p> <p>23 Q So that would be talc, the mineral. Do</p> <p>24 you have an opinion as to whether there is a such</p>
<p style="text-align: right;">Page 83</p> <p>1 subset of the -- of the studies that were</p> <p>2 conducted in the lab were actually dealing with</p> <p>3 talcum powder.</p> <p>4 But there are experiments in particular</p> <p>5 where individuals are using sigma-produced talc.</p> <p>6 So it's -- it's -- it's a bit of a mixture. But</p> <p>7 I think, in particular in the epi studies, a lot</p> <p>8 of them are just okay to use powder.</p> <p>9 Q So to -- to the extent both of us can,</p> <p>10 we can try to say whether we're referring to</p> <p>11 talcum powder or talc, as you described, so</p> <p>12 let's -- let's both try to do that, to the extent</p> <p>13 possible, because it can get confusing.</p> <p>14 A I completely concur.</p> <p>15 Q Okay. Okay. I'm glad we agree on</p> <p>16 that.</p> <p>17 Do you know what Johnson & Johnson's</p> <p>18 market share of the talcum powder product has</p> <p>19 been over the years?</p> <p>20 A I don't.</p> <p>21 Q If I told you it was 60 to 70 percent,</p> <p>22 would you have any basis to disagree with that</p> <p>23 number?</p> <p>24 A I actually wouldn't, because I -- my</p>	<p style="text-align: right;">Page 85</p> <p>1 thing as pure talc?</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 A You know, my -- you know, my sense is</p> <p>5 in that some of the experiments where this</p> <p>6 product is actually bought not cosmetically, but</p> <p>7 I've seen references to sigma-produced talc, that</p> <p>8 that's a -- that's a purified form of it.</p> <p>9 MS. THOMPSON:</p> <p>10 Q And, so, by pure -- purified form, you</p> <p>11 would mean that it does not con- -- contain</p> <p>12 impurities; correct?</p> <p>13 A It would not contain something else.</p> <p>14 Q Would you consider it pure if it</p> <p>15 contained talc fibers?</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 A I don't -- I don't think I can answer</p> <p>19 that.</p> <p>20 MS. THOMPSON:</p> <p>21 Q So no opinion on -- on that issue.</p> <p>22 A Yeah.</p> <p>23 Q Are you familiar with the various</p> <p>24 grades of talc?</p>

Michael Birrer, M.D., Ph.D.

Page 86	Page 88
<p>1 A No.</p> <p>2 Q Do you have any knowledge regarding the</p> <p>3 particle size of Johnson's baby powder or Shower</p> <p>4 to Shower?</p> <p>5 A Again, that's a little bit outside my</p> <p>6 area of expertise. My understanding is, you</p> <p>7 know, talc ranges from 10 microns to larger</p> <p>8 sizes. But it's not something I systematically</p> <p>9 explored. Even the expert reports here that</p> <p>10 focused on the mineralogy, I looked at it but not</p> <p>11 in any great detail.</p> <p>12 Q And if you were told that there are</p> <p>13 also smaller particles than 10 microns, that</p> <p>14 wouldn't surprise you?</p> <p>15 A I think there's a range.</p> <p>16 Q Fair enough.</p> <p>17 A I don't know how -- you know, again, I</p> <p>18 know there's references to ultrafine, et cetera,</p> <p>19 et cetera. I don't have definitive knowledge or</p> <p>20 data that that is true.</p> <p>21 Q Okay. But, as far as you know, the</p> <p>22 particle size is -- is mixed?</p> <p>23 A Uh-huh.</p> <p>24 Q It's not a standard size like you might</p>	<p>1 Q It was the -- it was a report that</p> <p>2 addressed the fragrance chemicals in talcum</p> <p>3 powder. Do you remember seeing that? I don't</p> <p>4 remember whether it's on your list. Oh.</p> <p>5 A Is that plaintiff?</p> <p>6 Q You don't have Dr. Crowley's report.</p> <p>7 A Yeah.</p> <p>8 Q Did you know if there was a -- an</p> <p>9 expert report that specifically addressed the</p> <p>10 fragrance -- fragrance chemical presence in baby</p> <p>11 powder?</p> <p>12 A Not that I know of.</p> <p>13 Q So I -- I can assume that you don't</p> <p>14 know why you weren't provided Dr. Crowley's</p> <p>15 report?</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 A It's not on my list.</p> <p>19 MS. THOMPSON:</p> <p>20 Q Did you ask if anyone had looked at the</p> <p>21 actual chemicals in baby powder?</p> <p>22 A I didn't specifically go through that,</p> <p>23 no.</p> <p>24 Q It -- is it important for you to know</p>
Page 87	Page 89
<p>1 see, for example, in a pleurodesis talc?</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 A I don't -- I can't say that.</p> <p>5 MS. THOMPSON:</p> <p>6 Q Okay.</p> <p>7 A But based on my rudimentary</p> <p>8 understanding of mineralogy here, that there's a</p> <p>9 range.</p> <p>10 Q Have you ever looked at the label on a</p> <p>11 bottle of baby powder?</p> <p>12 A I don't recall that.</p> <p>13 Q So you don't know what would be listed</p> <p>14 on the label?</p> <p>15 A No.</p> <p>16 Q But you're assuming it has some kind of</p> <p>17 fragrances in it?</p> <p>18 A I think that's a safe assumption. I</p> <p>19 have smelled it.</p> <p>20 Q Haven't we all.</p> <p>21 Did you read Dr. Crowley's report?</p> <p>22 Do you remember Dr. Crowley's report?</p> <p>23 A That's not coming to mind. Can -- do</p> <p>24 you have it?</p>	<p>1 the quality of talcum powder?</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 A And how do you define "quality"?</p> <p>5 MS. THOMPSON:</p> <p>6 Q I -- I define "quality" as the absence</p> <p>7 of the amount and types of impurities.</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A How do you define "impurities"?</p> <p>11 MS. THOMPSON:</p> <p>12 Q Something that's not pure talc.</p> <p>13 A Okay. Again, I -- I'll come back to</p> <p>14 this theme. I think -- I didn't go down that</p> <p>15 road. It's not my area of expertise. But, more</p> <p>16 importantly, I was asked to sort of review the</p> <p>17 total data that suggested there might be a role</p> <p>18 for talc in ovarian cancer, regard- -- talcum</p> <p>19 powder, regardless of what's in it.</p> <p>20 So in that context, impurities,</p> <p>21 fragrance, heavy metals, it doesn't matter. We</p> <p>22 would see the data. So I felt pretty comfortable</p> <p>23 that that's the -- that's the important theme for</p> <p>24 my job.</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 90</p> <p>1 Q Is it important for you to know the</p> <p>2 min- -- mineral content of a talcum powder</p> <p>3 product if you are intending to assess its</p> <p>4 potential health effects?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A Would you just repeat that, please?</p> <p>8 MS. THOMPSON:</p> <p>9 Q Is it important to know the mineral</p> <p>10 content of a talcum powder product if you are</p> <p>11 intending to assess its potential health effects?</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 A You know, again, I think in terms of</p> <p>15 reviewing the literature, no. I mean, it's</p> <p>16 talcum and it's talcum powder. It's a</p> <p>17 representative of what's on the market.</p> <p>18 So regardless of what's there or not,</p> <p>19 even from a mineral standpoint, we can make a</p> <p>20 judgment as to whether that's providing data that</p> <p>21 supports whether it's a risk factor or biologic</p> <p>22 plausibility for a role in development of ovarian</p> <p>23 cancer.</p> <p>24 MS. THOMPSON:</p>	<p style="text-align: right;">Page 92</p> <p>1 MS. THOMPSON:</p> <p>2 Q For a potential health effect.</p> <p>3 MS. CURRY:</p> <p>4 Object to the form.</p> <p>5 A There's no data for that. I can't</p> <p>6 develop a mechanism when, in fact, there's no</p> <p>7 biologic plausibility for talcum powder in a role</p> <p>8 of ovarian cancer.</p> <p>9 MS. THOMPSON:</p> <p>10 Q Well, it sounds like what you're saying</p> <p>11 is if you decide that talcum powder doesn't cause</p> <p>12 ovarian cancer, then there's no reason to even</p> <p>13 look at whether there's a plausible mechanism or</p> <p>14 not.</p> <p>15 MS. CURRY:</p> <p>16 Object to the form.</p> <p>17 MS. THOMPSON:</p> <p>18 Q Is that --</p> <p>19 A Well, I'm not sure what mechanism we're</p> <p>20 looking at. We're looking at a mechanism that an</p> <p>21 agent doesn't cause cancer? That does -- makes</p> <p>22 no sense to me.</p> <p>23 Q We're looking at what a mechanism could</p> <p>24 be if it could cause cancer, as a hypothetical.</p>
<p style="text-align: right;">Page 91</p> <p>1 Q So even in your determination of</p> <p>2 whether a biologic mechanism is plausible or not,</p> <p>3 it doesn't matter what the mineral content of the</p> <p>4 baby powder is?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A As long as that baby powder's been</p> <p>8 tested in that experiment, it doesn't matter.</p> <p>9 MS. THOMPSON:</p> <p>10 Q And that goes for whether the baby</p> <p>11 powder contains asbestos?</p> <p>12 A Well, again, I -- I think if it</p> <p>13 contained asbestos, that would show a signal in</p> <p>14 those experiments. Now, we would see it. We may</p> <p>15 not know it's related to asbestos, fragrance or</p> <p>16 whatever, but the experiments would be</p> <p>17 reproducible and dispositive. And in my</p> <p>18 experience, they're not.</p> <p>19 Q But the question is, does that -- would</p> <p>20 that explain a mechanism if there's asbestos in</p> <p>21 the baby powder?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A Mechanism for what?</p>	<p style="text-align: right;">Page 93</p> <p>1 MS. CURRY:</p> <p>2 Object to the form.</p> <p>3 A No. I -- a mechanism for a</p> <p>4 hypothetical. I -- you know, again, that -- we</p> <p>5 don't need the hypothetical. We've tested talcum</p> <p>6 in those experiments. There's no data to support</p> <p>7 biologic plausibility. So why are -- why would</p> <p>8 we be trying to think about a hypothetical</p> <p>9 component to produce a mechanism for a biologic</p> <p>10 activity that we haven't seen?</p> <p>11 MS. THOMPSON:</p> <p>12 Q What experiments are you referring to?</p> <p>13 A I would say primarily the ones that are</p> <p>14 in my expert report. That really is a sum- --</p> <p>15 Q Which experiments in your report? We</p> <p>16 can go through your report if you want.</p> <p>17 A I'm -- yeah.</p> <p>18 Q I'm looking for the experiments that</p> <p>19 show that there's no biologic effect.</p> <p>20 A So Buz'Zard is one that frequently --</p> <p>21 Q And is it your opinion that Buz'Zard</p> <p>22 shows no biologic effect?</p> <p>23 A There's nothing in that paper that's</p> <p>24 reliable in terms of showing biologic</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 94</p> <p>1 plausibility.</p> <p>2 Q And we'll get to the others.</p> <p>3 So you're referring to --</p> <p>4 A Yes.</p> <p>5 Q -- Buz'Zard, Shukla?</p> <p>6 A Shukla. Just hang on. Yeah.</p> <p>7 Buz'Zard, Shukla and Hamilton.</p> <p>8 Q And I'm going to assume you include</p> <p>9 Dr. Saed in that?</p> <p>10 A Correct.</p> <p>11 Q Although we're going to get into more</p> <p>12 detail in that later.</p> <p>13 A Exactly.</p> <p>14 Q And you're aware of the other animal</p> <p>15 studies that show inflammatory effects; right?</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 A You have to go through those and define</p> <p>19 that.</p> <p>20 MS. THOMPSON:</p> <p>21 Q Okay.</p> <p>22 A Because it's pretty broad literature.</p> <p>23 You're assuming -- you're referring to</p> <p>24 Keskin?</p>	<p style="text-align: right;">Page 96</p> <p>1 What is your understanding of how these</p> <p>2 products are used by women?</p> <p>3 MS. CURRY:</p> <p>4 Object to the form.</p> <p>5 A Baby powder?</p> <p>6 MS. THOMPSON:</p> <p>7 Q And -- and we're talking about, at</p> <p>8 least for these cases, in the perineal area.</p> <p>9 A Yeah.</p> <p>10 Q Do you have any knowledge from</p> <p>11 conversations with women or literature or any</p> <p>12 other source as to how it's applied, whether it's</p> <p>13 standing, lying down, in the underwear, on a</p> <p>14 sanitary napkin, shaken into hands? Did you have</p> <p>15 any understanding of -- of those issues?</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 A I would say not a systematic, shall we</p> <p>19 say, meta-analysis of baby powder use. I</p> <p>20 certainly, over years in the clinic, am familiar</p> <p>21 with women who use baby powder. You know, my</p> <p>22 sense is that most dust the perineum usually</p> <p>23 standing up. I -- but again, I can't say that's</p> <p>24 a scientific evaluation. I have some experience</p>
<p style="text-align: right;">Page 95</p> <p>1 Q There are studies going back to the</p> <p>2 '40s and '50s with intraperitoneal inflammatory</p> <p>3 effects with -- in the presence of talc.</p> <p>4 You're aware of those?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A There is a big literature.</p> <p>8 MS. THOMPSON:</p> <p>9 Q And understanding that there are</p> <p>10 different histologic subtypes of epithelial</p> <p>11 ovarian cancer, can we agree that if one of us</p> <p>12 refers to ovarian cancer in a general sense, that</p> <p>13 we're referring to epithelial ovarian cancer?</p> <p>14 A I would not include germ -- you know,</p> <p>15 germ cell tumors in this.</p> <p>16 Q Stromal -- we're excluding stromal --</p> <p>17 A And stromal, yeah. It's epithelial,</p> <p>18 correct.</p> <p>19 Q Okay. So we're on the same page there?</p> <p>20 A With -- with the caveat being, and we</p> <p>21 do discuss this in the report about -- even</p> <p>22 within the epithelial component, we now realize</p> <p>23 there are different types of tumors.</p> <p>24 Q Understood.</p>	<p style="text-align: right;">Page 97</p> <p>1 with my wife. So I -- I -- it's a certain --</p> <p>2 some general concept of how it's done, yeah.</p> <p>3 MS. THOMPSON:</p> <p>4 Q Would you agree, at least, that, for</p> <p>5 most women, it would be applied in a -- in a</p> <p>6 habitual manner?</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A Yeah, I think it's important to define</p> <p>10 that. It would certainly be repetitive. Is it</p> <p>11 something -- you know, habitual sounds to me</p> <p>12 like -- almost like an addict. And I don't -- I</p> <p>13 don't think that's the case.</p> <p>14 MS. THOMPSON:</p> <p>15 Q No. I didn't mean it -- mean in that</p> <p>16 term.</p> <p>17 I meant that it's -- and this has been</p> <p>18 reported in the literature, I believe you're</p> <p>19 aware --</p> <p>20 A Uh-huh.</p> <p>21 Q -- that most women do it the same way</p> <p>22 every day or whatever schedule they're on.</p> <p>23 MS. CURRY:</p> <p>24 Object to the form.</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 98</p> <p>1 A I would think that there'd be some 2 consistency on that. I -- I will say this 3 parenthetically, you may get to it later on, but 4 I do think, based on what we're just discussing, 5 it's very hard to -- it's very hard to quantify 6 amount of use. I really do. 7 MS. THOMPSON: 8 Q And I think we will get to that. 9 A Okay. 10 Q But -- but -- so it's hard to quantify 11 how much a woman is using on any given 12 application; correct? 13 A (Nods affirmatively.) 14 Q And it's hard -- 15 MS. CURRY: 16 You have to say "yes" or "no" versus 17 head shakes because the court reporter will not 18 be able to get that down. 19 A It says "nods affirmatively." 20 Yes. 21 MS. CURRY: 22 She was able to in that instance. I 23 stand corrected, but for -- 24 THE WITNESS:</p>	<p style="text-align: right;">Page 100</p> <p>1 be true for a number of environmental 2 exposures -- 3 MS. CURRY: 4 Object to the form. 5 MS. THOMPSON: 6 Q -- that difficulty in quantifying how 7 much a particular individual is exposed to? 8 A Well, you'd have to give me some 9 examples on that. I mean, I think for cigarette 10 smoke, it actually is quite quantifiable. 11 Q Cigarette smoke, I agree. 12 How about a household or domestic 13 exposure to asbestos, for example? 14 A I guess you could quantify the amount 15 of asbestos-containing material in the house, 16 but -- 17 Q How about a spouse coming home from 18 occupational exposure? 19 A Yeah. It would be a challenge. 20 Q How about chemicals in water source? 21 A That should be measurable. 22 Q Over time? 23 A Multiple samples. 24 Q How about --</p>
<p style="text-align: right;">Page 99</p> <p>1 She's very good. 2 MS. THOMPSON: 3 Q And -- and if there were talc that 4 reached the vagina or the upper genital tract, it 5 would be hard to quantify how much that would be; 6 right? 7 A Yes. 8 Q But you'll have to agree, but -- that 9 not being able to quantify it isn't a reason not 10 to study the issue. Right? 11 MS. CURRY: 12 Object to the form. 13 A I think that's a fair statement in 14 that, you know, if it's important, you need to do 15 it. I just think that, for the reasons you just 16 said, quantifying it is -- is difficult, not only 17 in individual applications, how much actually 18 would get where, but this longitudinal issue. 19 While I think there's some consistency, do women 20 use it for a while and then stop using it and how 21 often do they change? I think there's a whole 22 issue on that, too. 23 MS. THOMPSON: 24 Q And wouldn't you agree that that would</p>	<p style="text-align: right;">Page 101</p> <p>1 A And -- and potentially even the 2 patient. 3 Q How about exposure to a pesticide? 4 A Yeah. That would be more of a 5 challenge. Yeah. 6 Q So there's certainly other -- 7 A Some variability. 8 Q -- other situations where it's 9 challenging to quantify the exposure to an 10 individual over time. 11 MS. CURRY: 12 Object to the form. 13 A Yes. 14 MS. THOMPSON: 15 Q Other than a literature or document 16 review, you -- I think I asked you this before 17 but I'm gonna just ask it again since it's in my 18 outline here. 19 Other than a literature and document 20 review, have you done any research on talcum 21 powder and ovarian cancer? 22 A No. 23 Q And that would include in vitro 24 research and in vivo; correct?</p>

Michael Birrer, M.D., Ph.D.

Page 102	Page 104
<p>1 A Correct.</p> <p>2 Q And you've never published an article</p> <p>3 on talcum powder and ovarian cancer. Is that</p> <p>4 correct?</p> <p>5 A No.</p> <p>6 Q Have you ever given a talk on talcum</p> <p>7 powder and ovarian cancer?</p> <p>8 A No.</p> <p>9 Q Have you discussed your opinions in</p> <p>10 this case with anyone?</p> <p>11 A No, other than counsel.</p> <p>12 Q No colleagues?</p> <p>13 A No.</p> <p>14 Q Did you attend the recent SGO</p> <p>15 conference in Hawaii?</p> <p>16 A Hawaii's a nice place. I did.</p> <p>17 Q Did you discuss talcum powder with any</p> <p>18 of your colleagues at the meeting?</p> <p>19 A I'd never been there before.</p> <p>20 I did not.</p> <p>21 Q Do you know Liz Swisher?</p> <p>22 A I do know Liz, yes.</p> <p>23 Q Do you know her from professional</p> <p>24 meetings and other interactions?</p>	<p>1 Q Do you know why she's no longer an</p> <p>2 expert?</p> <p>3 A I don't.</p> <p>4 Q Do you know Dr. Huh?</p> <p>5 A I do know Dr. Huh. Warner. Uh-huh.</p> <p>6 Q Do you know why Dr. Huh is not serving</p> <p>7 as an expert for the defendants in the MDL?</p> <p>8 A No.</p> <p>9 Q Does University of Alabama know that</p> <p>10 you are serving as a paid expert for</p> <p>11 Johnson & Johnson --</p> <p>12 A Yes.</p> <p>13 Q -- in this case?</p> <p>14 Do you know how much money</p> <p>15 Johnson & Johnson has contributed to the</p> <p>16 University of Alabama and your lab?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A I --</p> <p>20 MS. THOMPSON:</p> <p>21 Q Let me rephrase that question because I</p> <p>22 don't like being "contributed."</p> <p>23 Do you know how much money</p> <p>24 Johnson & Johnson has paid to University of</p>
Page 103	Page 105
<p>1 A I know her professionally and we're on</p> <p>2 several papers together.</p> <p>3 Q Yes, you are.</p> <p>4 A Yeah.</p> <p>5 Q Have you discussed the case with</p> <p>6 Dr. Swisher?</p> <p>7 A Not that I can recall.</p> <p>8 Q Were you aware that she was originally</p> <p>9 disclosed as an expert for the defendants?</p> <p>10 MS. CURRY:</p> <p>11 Object to the form.</p> <p>12 A I think her name did -- was sort of</p> <p>13 mentioned to me, but --</p> <p>14 MS. CURRY:</p> <p>15 And please don't reveal any discussions</p> <p>16 or --</p> <p>17 THE WITNESS:</p> <p>18 Okay.</p> <p>19 MS. CURRY:</p> <p>20 -- communications that you've had with</p> <p>21 lawyers.</p> <p>22 THE WITNESS:</p> <p>23 Yes, counsel.</p> <p>24 MS. THOMPSON:</p>	<p>1 Alabama?</p> <p>2 A No.</p> <p>3 Q Do you know how much money</p> <p>4 Johnson & Johnson has paid to support your lab?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A None.</p> <p>8 MS. CURRY:</p> <p>9 We've been going over an hour and a</p> <p>10 half. Whenever it's a good breaking point for</p> <p>11 you.</p> <p>12 MS. THOMPSON:</p> <p>13 I think maybe less than five minutes --</p> <p>14 MS. CURRY:</p> <p>15 No problem.</p> <p>16 MS. THOMPSON:</p> <p>17 -- and it's a great break time.</p> <p>18 A I may be in kidney failure soon.</p> <p>19 MS. THOMPSON:</p> <p>20 Q Can you make five minutes?</p> <p>21 A Yeah, I can. Yeah.</p> <p>22 Q We'll -- we'll --</p> <p>23 A Sure.</p> <p>24 Q -- be in the same boat there, so we</p>

Michael Birrer, M.D., Ph.D.

Page 106	Page 108
<p>1 can --</p> <p>2 A Boat's not a good choice.</p> <p>3 Q Yeah. I should have used a different</p> <p>4 word there.</p> <p>5 We talked about the methodology that</p> <p>6 you applied, but -- but it's not included, per</p> <p>7 se, in the report.</p> <p>8 Can you refer to me -- me to any</p> <p>9 published article, textbook chapter, anything</p> <p>10 that actually describes Dr. Birrer's methodology?</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A No. Again, I -- I think this relates</p> <p>14 to what a lot of us in the field on my level do</p> <p>15 routinely, and so it's not really defined. But</p> <p>16 when we review literature, a topic, I wouldn't</p> <p>17 want to -- I don't want to call it a</p> <p>18 meta-analysis because that's a formal process.</p> <p>19 But we -- we -- we do the right -- we do the same</p> <p>20 thing. If we do it right, then it's</p> <p>21 comprehensive and then we make opinions on those</p> <p>22 papers. That's the methodology.</p> <p>23 MS. THOMPSON:</p> <p>24 Q Okay.</p>	<p>1 MS. THOMPSON:</p> <p>2 Q How about what is sometimes used in the</p> <p>3 literature, elongated mineral fibers? Does that</p> <p>4 sound familiar?</p> <p>5 A It sounds consistent with some of the</p> <p>6 things I read, but I certainly did not pursue</p> <p>7 that sort of mineralogy review.</p> <p>8 Q So no comprehensive review on what's</p> <p>9 called EMP sometimes.</p> <p>10 MS. CURRY:</p> <p>11 Object to the form.</p> <p>12 A No.</p> <p>13 MS. THOMPSON:</p> <p>14 Q And I can assume that you didn't do a</p> <p>15 comprehensive review on heavy metals --</p> <p>16 A Correct.</p> <p>17 Q -- and ovarian cancer?</p> <p>18 A Yes.</p> <p>19 Q Or fragrance chemicals and ovarian</p> <p>20 cancer?</p> <p>21 A Correct.</p> <p>22 Q Do you agree that scientists can look</p> <p>23 at the same body of literature and reach</p> <p>24 different conclusions, in a general sense?</p>
Page 107	Page 109
<p>1 A It's more of a scientific lab-based</p> <p>2 approach.</p> <p>3 Q Okay. And did you apply the same</p> <p>4 standards for this report that you would use if</p> <p>5 you were publishing a paper, for example, a</p> <p>6 review article like we discussed before?</p> <p>7 A I think so, yes.</p> <p>8 Q Would you be willing to have the</p> <p>9 opinions that you've provided in this report</p> <p>10 peer-reviewed if that were appropriate?</p> <p>11 A Essentially, yes. Yeah. Yeah.</p> <p>12 Q And I think we've discussed this, but</p> <p>13 does -- in your opinion, you performed a</p> <p>14 comprehensive literature review on the subject of</p> <p>15 talc and ovarian cancer; correct?</p> <p>16 A Correct.</p> <p>17 Q But am I correct to say that you did</p> <p>18 not perform the same comprehensive literature</p> <p>19 review for asbestos and ovarian cancer?</p> <p>20 A Correct.</p> <p>21 Q Fibrous talc in ovarian cancer?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A Didn't use that term.</p>	<p>1 A You know, again, I think if the body</p> <p>2 of -- of data and literature is substantive and</p> <p>3 clear, I think that a reasonable scientist, a</p> <p>4 competent scientist will come to the same</p> <p>5 conclusion.</p> <p>6 Q So is it your opinion that a scientist</p> <p>7 who looks at the baby powder literature or talcum</p> <p>8 powder literature and concludes something</p> <p>9 different from you is unreasonable and</p> <p>10 incompetent?</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A I -- I would say they got it wrong.</p> <p>14 MS. THOMPSON:</p> <p>15 Q They got it wrong. But what about</p> <p>16 unreasonable?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A I don't -- I wouldn't use that term. I</p> <p>20 would say that they looked at the data and</p> <p>21 misinterpreted it.</p> <p>22 MS. THOMPSON:</p> <p>23 Q And would you say the same about their</p> <p>24 competence?</p>

28 (Pages 106 to 109)

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 110</p> <p>1 MS. CURRY: 2 Object to the form. 3 A I think -- you know, labeling that as 4 incompetent is not appropriate. 5 MS. THOMPSON: 6 Q Well, you said, I think that a 7 reasonable scientist, competent scientist will 8 come to the same conclusion. Wouldn't that imply 9 that if they come to a different inclusion -- 10 conclusion, that they're unreasonable or 11 incompetent? 12 A Well, I think I prefaced that with if 13 the body of science we're looking at is -- is -- 14 it's convincing and strong and reproducible, that 15 reasonable scientists will come to the same 16 conclusion. 17 When the data is really unconvincing, 18 which is what we're dealing with here -- this 19 data is not convincing -- there's no data for 20 talc being involved in ovarian cancer, then you 21 get this disparate opinions. And -- and they've 22 got it wrong. And I made the -- 23 Q They've got it -- sorry. 24 A And I've made the argument why I got it</p>	<p style="text-align: right;">Page 112</p> <p>1 A Okay. 2 MS. CURRY: 3 Can we take a break? 4 A It looks like you're coming to an end. 5 MS. THOMPSON: 6 Q We are. Well, not the end of the day. 7 The end of the section. 8 A Hope springs eternal. 9 Q Wishful thinking. 10 One -- one more question, then we're 11 done. 12 A Sure. 13 Q What does "proof" mean to you? 14 MS. CURRY: 15 Object to the form. 16 MS. THOMPSON: 17 Q In a scientific sense. 18 A That would be evidence to support the 19 conclusion. 20 Q To convincingly support the conclusion? 21 MS. CURRY: 22 Object to the form. 23 A I'm not sure I need that adjective 24 there.</p>
<p style="text-align: right;">Page 111</p> <p>1 right. 2 Q Okay. They've got it wrong? 3 A Uh-huh. 4 Q You have it right. 5 A Uh-huh. 6 Q But I'm trying to find -- figure out 7 how you think they got it wrong. Were they 8 misinformed? 9 MS. CURRY: 10 Object to the form. 11 A They misinterpreted the data. 12 MS. THOMPSON: 13 Q They misinterpreted the data. 14 A Yeah. 15 Q And you would say they misinterpreted 16 the data even though they interpreted the data in 17 the same way that the authors presenting the data 18 pre- -- interpreted it? 19 MS. CURRY: 20 Object to the form. 21 A We'd have to go through the actual 22 paper you're referring to. 23 MS. THOMPSON: 24 Q Okay. We may go through some of those.</p>	<p style="text-align: right;">Page 113</p> <p>1 MS. THOMPSON: 2 Q Well, support -- support equals proof? 3 A Support couldn't equal proof. Proof is 4 a general term. So it's gonna be a spectrum. 5 Q 100 percent? 6 A Are you -- you know, definitive proof 7 would be definitive. 8 Q Okay. Let's take a break. 9 VIDEOGRAPHER: 10 Off the record at 10:44 a.m. 11 (OFF THE RECORD.) 12 VIDEOGRAPHER: 13 We're back on the record at 11 a.m. 14 MS. THOMPSON: 15 Q Dr. Birrer, I want to give you a series 16 of statements and have you agree or disagree or, 17 if you don't know or don't have an opinion, 18 that's fine, too. And -- and if you do have a 19 comment or explanation, you're welcome to provide 20 that, too, after you -- do you have a pen? You 21 can mark on this exhibit as we go through. This 22 is Exhibit 9. 23 (DEPOSITION EXHIBIT NUMBER 9 24 WAS MARKED FOR IDENTIFICATION.)</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 114</p> <p>1 MS. CURRY: 2 Can I just state an objection on the 3 record to the creation of this exhibit without 4 knowing the background of where the statements 5 are coming from. 6 MS. GARBER: 7 I don't think we're going to have 8 speaking objections here today, Miss Curry. The 9 proper objection is "Objection. Form." Do not 10 coach the witness, please. 11 MS. CURRY: 12 Miss Garber, I'm not coaching the 13 witness. 14 MS. GARBER: 15 You are coaching the witness. You know 16 you're coaching the witness. 17 MS. THOMPSON: 18 I'm asking a statement. It doesn't 19 matter where it's coming from. It's from my 20 head. 21 MR. MIZGALA: 22 Do you have extra copies of this? 23 MS. THOMPSON: 24 I did bring extra copies.</p>	<p style="text-align: right;">Page 116</p> <p>1 A Yeah. I would disagree with that 2 statement. 3 Q Number 2, "If 40 percent of women use 4 talc and the relative risk is 1.2, then 7 percent 5 of ovarian cancer cases would be attributable to 6 talc use or 1,577 cases a year in the USA. This 7 is not a trivial number and should not be 8 dismissed." 9 Would you agree or disagree? 10 MS. CURRY: 11 Object to the form. 12 A Disagree. 13 MS. THOMPSON: 14 Q Number 3, "Genital powder use is a 15 modifiable exposure associated with small to 16 moderate increases in risk of most histologic 17 subtypes of epithelial ovarian cancer." 18 Would you agree or disagree? 19 MS. CURRY: 20 Object to the form. 21 A Disagree. 22 I'm sorry. Go ahead. Got it? 23 Disagree. 24 MS. THOMPSON:</p>
<p style="text-align: right;">Page 115</p> <p>1 MR. MIZGALA: 2 Thank you. 3 MS. THOMPSON: 4 Q So, Dr. Birrer, statement number 1, 5 "Given the number of hazard ratios reported in 6 the literature between 1.1 and" -- that should be 7 an -- "1.4 in both case-control and cohort 8 studies, it is disingenuous to state that there 9 is no evidence that talc is associated with 10 ovarian cancer." 11 Do you agree or disagree with that 12 statement? 13 MS. CURRY: 14 Object to the form. 15 A Now, you want me to write an answer 16 here? 17 MS. THOMPSON: 18 Q Yes, please. And then -- and when you 19 tell me, I'm going to put it on here, too. 20 A Yeah. Okay. In these -- the hazard 21 ratios, these are in a case-controlled cohort 22 studies. 23 Q It says in both case-controlled and 24 cohort studies.</p>	<p style="text-align: right;">Page 117</p> <p>1 Q Number 4, "Perineal use of talc-based, 2 not asbestiform, body powder is possibly 3 carcinogenic to humans, group 2B." 4 A Disagree. 5 MS. CURRY: 6 Object to the form. 7 MS. THOMPSON: 8 Q Number 5, "The use of perineal talcum 9 powder has been associated with a 20 to 30 10 percent increased risk of ovarian cancer, 11 although it also has been shown to vary by 12 histologic subtype." 13 MS. CURRY: 14 Object to the form. 15 MS. THOMPSON: 16 Q Agree or disagree? 17 A And this is -- like, histologic -- 18 clear cell and endometrioid? Is that what's 19 being implied here? 20 Q Yes. 21 A Disagree. 22 Q Number 6, "A lot of work has been done 23 to clarify the risk reduction of various 24 lifestyle approaches, such as alcohol, obesity,</p>

Michael Birrer, M.D., Ph.D.

Page 118	Page 120
<p>1 cigarette smoking and talc use. Some of these 2 are subtype specific, such as endometriosis, 3 cigarette smoking, while others are general risk 4 factors. Use of talc in the genital area has 5 consistently been shown to increase the risk of 6 OC and therefore is not recommended." 7 MS. CURRY: 8 Object to the form. 9 A Disagree. 10 MS. THOMPSON: 11 Q Number 7, "Inflammatory risk factors 12 for EOC are perineal talc exposure, endometriosis 13 and pelvic inflammatory disease." 14 Agree or disagree? 15 MS. CURRY: 16 Object to the form. 17 A So this is inclusive of all three; 18 right? Endometriosis and -- 19 MS. THOMPSON: 20 Q Yes. 21 A Okay. 22 Q But if you want to disagree and 23 explain, that -- that's fine. 24 A I would -- that's a tough one to</p>	<p>1 statement as a whole -- 2 A Yeah. 3 Q -- but would -- 4 A Caveat. 5 Q -- and that will be on the record that 6 you -- 7 A Okay. Parsed it. 8 Q The ones that -- yeah. 9 Number 9, "Talc powder use is highly 10 prevalent in the African-American community and 11 has been found to be associated with increased 12 risk of ovarian cancer, period." 13 MS. CURRY: 14 Object to the form. 15 A So I do believe the first part, that 16 it's prevalent in the African-American community. 17 The second part is not convincing to me. 18 Is that -- can we put that on the 19 record? Disagree with the caveat, yeah. 20 MS. THOMPSON: 21 Q Yeah. "Most women report using 22 Johnson's baby powder or Shower to Shower." 23 A I don't know. 24 Q "The average age women begin using talc</p>
Page 119	Page 121
<p>1 answer. I think endometriosis is a -- I don't 2 call it inflammatory. So, yeah, I would -- I 3 don't call it inflammatory, so, yeah, I would 4 disagree on this. It's too general. 5 MS. THOMPSON: 6 Q "Risk factors to be considered: 7 Parity, oral contraceptive use, breastfeeding, 8 tubal ligation, painful periods or endometriosis, 9 obesity or polycystic ovarian syndrome, and talc 10 use. These risk factors are concordant with 11 published epidemiologic data related to 12 reproductive factors, use of talc, tubal 13 ligation, endometriosis and polycystic ovarian 14 syndrome or obesity." 15 MS. CURRY: 16 Object to the form. 17 A So parity, oral contraceptive, 18 breastfeeding, tubal ligation, endometriosis but 19 not painful periods or obesity or talc use. Is 20 that a -- 21 MS. THOMPSON: 22 Q Okay. 23 A -- no or -- 24 Q So -- so you would disagree with the</p>	<p>1 is 20." 2 A Don't know that. 3 Q "In the interest of public health, I 4 believe we should caution women against using 5 genital talcum powder," number 12. 6 MS. CURRY: 7 Object to the form. 8 MS. THOMPSON: 9 Q Agree or disagree? 10 A I disagree. 11 Q Number 13, "Genital powder use is a 12 lifestyle risk factor for all serous, 13 endometrioid, and clear cell histologic subtypes 14 of ovarian cancer." 15 MS. CURRY: 16 Object to the form. 17 A I disagree. 18 MS. THOMPSON: 19 Q Number 14, "Overall, there is an 20 association between genital talc use and EOC and 21 a significant trend with increasing" -- in 22 quotations -- "talc years of use." 23 MS. CURRY: 24 Object to the form.</p>

31 (Pages 118 to 121)

Michael Birrer, M.D., Ph.D.

Page 122	Page 124
<p>1 MS. THOMPSON: 2 Q Agree or disagree? 3 A I'm thinking. Disagree. 4 Q Number 15, "Talc-containing powders are 5 hypothesized to promote cancer development by 6 ascending the female genital tract and 7 interacting directly with the ovarian surface 8 epithelium, leading to local inflammation 9 characterized by increased rates of cell 10 division, DNA repair, oxidative stress, and 11 elevated inflammatory cytokines." 12 MS. CURRY: 13 Object to the form. 14 A This is a hypothesis; right? 15 MS. THOMPSON: 16 Q Yes. 17 A I agree. 18 Q "Following" -- number 16. 19 A Uh-huh. 20 Q "Following perineal application, talc 21 particles can migrate from the vagina to the 22 peritoneal cavity and ovaries." 23 MS. CURRY: 24 Object to the form.</p>	<p>1 present in the vagina, can migrate to the upper 2 genital tract." 3 MS. CURRY: 4 Object to the form. 5 MS. THOMPSON: 6 Q Agree or disagree? 7 MS. THOMPSON: 8 A You want to -- do you want to define 9 "biologic credibility"? 10 THE COURT REPORTER: 11 Say again? 12 THE WITNESS: 13 Define "biologic credibility." 14 Sorry. I'm mumbling. 15 THE COURT REPORTER: 16 Uh-huh. 17 MS. THOMPSON: 18 Q Let's define it as evidence of a 19 credible biologic mechanism. 20 A I would disagree. 21 MS. CURRY: 22 Object to the form. 23 MS. THOMPSON: 24 Q Number 20, "The vagina serves as a</p>
Page 123	Page 125
<p>1 A Disagree on that. 2 MS. THOMPSON: 3 Q Number 17, "A majority of women 4 experience retrograde menstruation. This 5 suggests a mechanism by which talc particles can 6 travel through the female reproductive tract to 7 the peritoneal cavity and ovaries." 8 MS. CURRY: 9 Object to the form. 10 MS. THOMPSON: 11 Q Agree or disagree? 12 A Disagree. 13 Q Number 18, "It is possible that the 14 passage of talc is aided by retrograde menses and 15 that talc use during menses poses a special 16 risk." 17 Agree or disagree? 18 MS. CURRY: 19 Object to the form. 20 A Disagree. 21 MS. THOMPSON: 22 Q 19, "Biologic credibility of the 23 Talc/EOC association is enhanced by persuasive 24 evidence that inert particles the size of talc,</p>	<p>1 portal to the internal reproductive tract. 2 MS. CURRY: 3 Object to the form. 4 A Agree. 5 MS. THOMPSON: 6 Q 21, "The vagina is a musculoepithelial 7 tube extending from the level of the external 8 genitals to the cervical portion of the uterus. 9 It is a reproductive conduit in all respects, 10 connecting the external environment to the 11 internal genitalia." 12 MS. CURRY: 13 Object to the form. 14 A I'm not sure I understand that 15 statement. 16 What's the internal genitalia? 17 MS. THOMPSON: 18 Q The ovaries. 19 A The ovaries. I'm putting that in here. 20 Q And tubes. Let's say tubes and 21 ovaries. 22 A Okay. External. 23 Yeah, I would agree on that. 24 Q And, actually, I think the --</p>

Michael Birrer, M.D., Ph.D.

Page 126	Page 128
<p>1 A Cervix.</p> <p>2 Q I think the uterus is an internal</p> <p>3 genitalia, too.</p> <p>4 A Okay.</p> <p>5 Q But I agree that's somewhat --</p> <p>6 A Yeah. It's a little -- I mean, yeah.</p> <p>7 Genitalia is usually external.</p> <p>8 Q Yeah.</p> <p>9 22, "A review of the literature</p> <p>10 suggests that it is biologically plausible for</p> <p>11 talc particles to migrate from the vagina to the</p> <p>12 peritoneal cavity and ovaries following perineal</p> <p>13 application."</p> <p>14 MS. CURRY:</p> <p>15 Object to the form.</p> <p>16 MS. THOMPSON:</p> <p>17 Q Agree or disagree?</p> <p>18 A Disagree.</p> <p>19 Q "Talc" -- 23. "Talc placed on the</p> <p>20 perineum may enter the vagina and ascend to the</p> <p>21 upper genital tract."</p> <p>22 Agree or disagree?</p> <p>23 MS. CURRY:</p> <p>24 Object to the form.</p>	<p>1 A Disagree.</p> <p>2 MS. THOMPSON:</p> <p>3 Q 27, "Talc is able to migrate through</p> <p>4 the genital tract and gain access to the ovaries</p> <p>5 because talc fibers have been detected in benign</p> <p>6 and malignant ovarian tissues."</p> <p>7 Agree or disagree?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A Disagree.</p> <p>11 MS. THOMPSON:</p> <p>12 Q 28, "There are inherent limitations</p> <p>13 quantifying a dose-response due to a lack of</p> <p>14 metrics for how much talc is in an application,</p> <p>15 how much enters the vagina, and how much reaches</p> <p>16 the upper genital tract where, presumably, any</p> <p>17 deleterious effect is mediated. This may account</p> <p>18 for the failure to identify a dose-response in</p> <p>19 many papers on talc and ovarian cancer."</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 A It's a big statement. Give me a</p> <p>23 second. I disagree with that.</p> <p>24 MS. THOMPSON:</p>
Page 127	Page 129
<p>1 A Disagree.</p> <p>2 MS. THOMPSON:</p> <p>3 Q 24, "The potential for particulates to</p> <p>4 migrate from the perineum and vagina to the</p> <p>5 peritoneal cavity is indisputable."</p> <p>6 MS. CURRY:</p> <p>7 Object to the form.</p> <p>8 A Disagree.</p> <p>9 MS. THOMPSON:</p> <p>10 Q "The Sjösten study" --</p> <p>11 Do you know the Sjösten study?</p> <p>12 A I do.</p> <p>13 Q -- "offers compelling evidence in</p> <p>14 support of the migration hypothesis."</p> <p>15 MS. CURRY:</p> <p>16 Object to the form.</p> <p>17 A Disagree.</p> <p>18 MS. THOMPSON:</p> <p>19 Q 26, "Talc particulates from perineal</p> <p>20 application have been shown to migrate to the</p> <p>21 ovaries."</p> <p>22 Agree or disagree?</p> <p>23 MS. CURRY:</p> <p>24 Object to the form.</p>	<p>1 Q 29, "Tubal ligation is a strong</p> <p>2 protective factor. One possibility for the</p> <p>3 mechanism is blocking the transience of potential</p> <p>4 materials that could impact the health of the</p> <p>5 fimbria."</p> <p>6 MS. CURRY:</p> <p>7 Object to the form.</p> <p>8 A Disagree.</p> <p>9 MS. THOMPSON:</p> <p>10 Q Number 30, "Any material -- whether it</p> <p>11 be talc, heavy metals, asbestos, whatever -- can</p> <p>12 migrate from the perineum to the ovaries through</p> <p>13 the reproductive tract. There's an anatomical</p> <p>14 conduit, so it's not blocked. Theoretically, it</p> <p>15 could happen."</p> <p>16 Agree or disagree?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A Disagree.</p> <p>20 MS. THOMPSON:</p> <p>21 Q 31, "There is an anatomic conduit from</p> <p>22 the perineum through to the ovary, vagina,</p> <p>23 cervical os, endometrium, and the fallopian tube</p> <p>24 that is, in most women, an open conduit -- that</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 130</p> <p>1 is in most women an open conduit. On a theoretic 2 level, things can transit." 3 A I would agree with that. 4 MS. CURRY: 5 Object to the form. Sorry. 6 THE WITNESS: 7 I'm sorry. 8 MS. THOMPSON: 9 Q 32, "Genital powder use was associated 10 with ovarian cancer risk in African-American 11 women and are consistent with localized chronic 12 inflammation in the ovary due to particulates 13 that travel through a direct transvaginal route." 14 MS. CURRY: 15 Object to the form. 16 A Disagree. 17 MS. THOMPSON: 18 Q 33, "Biologic credibility for an 19 association would be strengthened by an animal 20 model, but an experiment capturing all of the 21 potential factors in the 'human' model would be 22 very difficult. These elements include 23 chronicity of the exposure, anatomic and 24 physiologic uniqueness of women, effects of</p>	<p style="text-align: right;">Page 132</p> <p>1 Oh, sorry. 2 So the animal model, yes. The rest of 3 it, no. 4 Q Animal model -- 5 A Would be strengthened. 6 Q Okay. We've got in the human model -- 7 A Yeah. 8 Q -- agree. 9 A Okay. 10 Q Okay. And the rest, disagree. 11 A Yeah. 12 Q Okay. I think that's clear, especially 13 with explanation. 14 34, "It is plausible that perineal 15 talc, and other particulate, in parens, that 16 reaches the endometrial cavity, fallopian tubes, 17 ovaries and peritoneum, may elicit a foreign 18 body-type reaction and inflammatory response 19 that, in some exposed women, may progress to 20 epithelial cancers." 21 MS. CURRY: 22 Object to the form. 23 A I disagree with that. 24 MS. THOMPSON:</p>
<p style="text-align: right;">Page 131</p> <p>1 pregnancy and potential spread through coitus." 2 Agree or disagree? 3 MS. CURRY: 4 Object to the form. 5 A This is in relationship to talc? 6 MS. THOMPSON: 7 Q Yes. 8 A Okay. 9 Q Talc and ovarian cancer. 10 A Yeah, yeah. Okay. 11 It's a two-part issue, unfortunately. 12 I mean, I think it would be strengthened by an 13 animal model. 14 Q And if you -- if you'd -- if you'd like 15 to divide that up into two sections, that would 16 be -- that's fine. 17 A Okay. Well, I -- okay. That's -- 18 yeah. I think -- I think it would be 19 strengthened by an animal model. 20 Q Okay. So -- 21 A "Experiment capturing all the potential 22 would be difficult." 23 I don't agree with that, the second 24 part. Can I do that and split it a little bit?</p>	<p style="text-align: right;">Page 133</p> <p>1 Q 35, "Epidemiologic evidence implicates 2 chronic inflammation as a central mechanism in 3 the pathogenesis of ovarian cancer, the most 4 lethal gynecologic cancer among women in the 5 United States." 6 MS. CURRY: 7 Object to the form. 8 MS. THOMPSON: 9 Q And I'll assume that you don't agree 10 with the last -- 11 A Right. Most lethal? 12 Q -- part of that? But the first part? 13 A I would disagree with this. Yeah. 14 Q 36, "Findings on talc and endometriosis 15 are consistent with previous findings and are 16 compatible with a hypothesis that these factors 17 increase the risk of ovarian cancer and that 18 inflammation -- and that inflammation may be a 19 common pathway." 20 MS. CURRY: 21 Object to the form. 22 A Disagree. 23 MS. THOMPSON: 24 Q 37, "Chron-" --</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 134</p> <p>1 A 37. Right.</p> <p>2 Q "Chronic inflammation has been proposed</p> <p>3 as the possible causal mechanism that explains</p> <p>4 the observed association between certain risk</p> <p>5 factors, such as use of talcum powder (talc) in</p> <p>6 the pelvic region and epithelial ovarian cancer."</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A That's been proposed; right? I would</p> <p>10 agree.</p> <p>11 MS. THOMPSON:</p> <p>12 Q And you would disagree that that is a</p> <p>13 possible cause of mechanism, I assume.</p> <p>14 A Correct.</p> <p>15 Q 38, "Talc particles can induce an</p> <p>16 inflammatory response in vivo, which may be</p> <p>17 important in ovarian cancer risk. Normal ovarian</p> <p>18 cells treated with talc are more likely to</p> <p>19 undergo cell proliferation and neoplastic</p> <p>20 transformation, and cellular generation of</p> <p>21 reactive oxygen species increases with increasing</p> <p>22 exposure to talc."</p> <p>23 MS. CURRY:</p> <p>24 Object to the form.</p>	<p style="text-align: right;">Page 136</p> <p>1 inflammation and an increased risk of ovarian</p> <p>2 cancer. Other specific inflammatory factors have</p> <p>3 also been associated with ovarian cancer."</p> <p>4 MS. CURRY:</p> <p>5 Object to the form.</p> <p>6 A I agree on that.</p> <p>7 MS. THOMPSON:</p> <p>8 Q 42, "The patency of the female tract</p> <p>9 and the nature of ovarian cancer as a surface</p> <p>10 epithelial (mesothelial lesion) make the ovary a</p> <p>11 target for foreign body carcinogenesis."</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 MS. THOMPSON:</p> <p>15 Q Agree or disagree?</p> <p>16 A Disagree.</p> <p>17 Q 43, "Inflammation has been suggested to</p> <p>18 be a major factor leading to epithelial ovarian</p> <p>19 cancer. For example, epidemiologic data have</p> <p>20 shown that asbestos and talc exposure increased</p> <p>21 ovarian cancer risk."</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A Disagree.</p>
<p style="text-align: right;">Page 135</p> <p>1 A I disagree with that.</p> <p>2 MS. THOMPSON:</p> <p>3 Q 39, "A growing body of epidemiologic</p> <p>4 evidence suggests that factors causing epithelial</p> <p>5 inflammation are involved in ovarian</p> <p>6 carcinogenesis. Such factors include asbestos</p> <p>7 and talc exposures, endometriosis and pelvic</p> <p>8 inflammatory disease (PID)."</p> <p>9 MS. CURRY:</p> <p>10 Object to the form.</p> <p>11 A Disagree with that.</p> <p>12 MS. THOMPSON:</p> <p>13 Q 40, "Direct induction of inflammation</p> <p>14 as a result of endometriosis, talc, and asbestos</p> <p>15 exposure, and PID, as well as ovulation itself,</p> <p>16 may act to promote ovarian tumorigenesis."</p> <p>17 Agree or disagree?</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 A Disagree.</p> <p>21 MS. THOMPSON:</p> <p>22 Q 41, regarding Inflammation. "Studies</p> <p>23 of the inflammatory marker C-reactive protein</p> <p>24 suggests a possible association between</p>	<p style="text-align: right;">Page 137</p> <p>1 MS. THOMPSON:</p> <p>2 Q 44, "Studies have found" -- "also found</p> <p>3 that endometrio-" --</p> <p>4 Let's leave out the "also," since I</p> <p>5 don't know what that refers to.</p> <p>6 "Studies have found that endometriosis,</p> <p>7 pelvic inflammatory disease, and mumps viral</p> <p>8 infection are positively associated with ovarian</p> <p>9 cancer risk. In contrast, tubal ligations and</p> <p>10 hysterectomies, which are thought to reduce the</p> <p>11 exposure of the OSE to environmental inflammation</p> <p>12 initiators have been shown to reduce the risk of</p> <p>13 ovarian cancer."</p> <p>14 MS. CURRY:</p> <p>15 Object to the form.</p> <p>16 A I agree on that.</p> <p>17 MS. THOMPSON:</p> <p>18 Q 45, "It has been noted that the</p> <p>19 ovulatory process itself resembles an</p> <p>20 inflammatory reaction, with leukocytic</p> <p>21 infiltration, the release of nitric oxide and</p> <p>22 inflammatory cytokines, basal dilation, DNA</p> <p>23 repair and tissue remodeling."</p> <p>24 MS. CURRY:</p>

Michael Birrer, M.D., Ph.D.

Page 138	Page 140
<p>1 Object to the form.</p> <p>2 MS THOMPSON:</p> <p>3 Q Agree or disagree?</p> <p>4 A I would agree on that.</p> <p>5 Q 46, "The latency period of more</p> <p>6 advanced, malignant epithelial ovarian cancer</p> <p>7 could be estimated to be approximately 30 to 40</p> <p>8 years."</p> <p>9 MS. CURRY:</p> <p>10 Form.</p> <p>11 A I don't know that. Sorry. I don't</p> <p>12 know.</p> <p>13 MS. THOMPSON:</p> <p>14 Q "If the magnitude of the association is</p> <p>15 to be estimated with precision, it is important</p> <p>16 that consortia are developed and expanded in</p> <p>17 order to generate the appropriate sample size."</p> <p>18 And this is in regard to talcum powder</p> <p>19 in association with ovarian cancer.</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 A Don't know.</p> <p>23 MS. THOMPSON:</p> <p>24 Q 48, "Neither prospective study" --</p>	<p>1 Q 51, "For baby powder users, it is habit</p> <p>2 that developed at one point and stays regularly."</p> <p>3 MS. CURRY:</p> <p>4 Object to the form.</p> <p>5 A Don't know.</p> <p>6 MS. THOMPSON:</p> <p>7 Q 52, "In order to achieve statistical</p> <p>8 significance in a prospective study, we need a</p> <p>9 much larger cohort. For example, we will need to</p> <p>10 study upwards of 200,000 women for ten years."</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A I disagree.</p> <p>14 MS. THOMPSON:</p> <p>15 Q You disagree.</p> <p>16 53, "Given inherent limitation of</p> <p>17 cohort studies, it is not surprising that we have</p> <p>18 not been able to confirm the case-control studies</p> <p>19 with prospective studies, but this does not mean</p> <p>20 that the case-control studies were wrong."</p> <p>21 MS. CURRY:</p> <p>22 Object to the form.</p> <p>23 A Disagree.</p> <p>24 MS. THOMPSON:</p>
Page 139	Page 141
<p>1 meaning Gertig or Houghton -- "confirmed the</p> <p>2 association of talc use and ovarian cancer raised</p> <p>3 by the case-control studies, but neither study</p> <p>4 was powered to detect a risk of 1.2 and</p> <p>5 therefore, we cannot exclude the possibility."</p> <p>6 Agree or disagree?</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A Disagree.</p> <p>10 MS. THOMPSON:</p> <p>11 Q 49, "An odds ratio of 1.2 or 1.3 has no</p> <p>12 meaningful clinical impact on a patient."</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A Don't know.</p> <p>16 MS. THOMPSON:</p> <p>17 Q "There are design studies with" --</p> <p>18 sorry.</p> <p>19 50, "There are design issues with every</p> <p>20 study, both case-controls and cohort studies."</p> <p>21 MS. CURRY:</p> <p>22 Object to the form.</p> <p>23 A I would agree with that.</p> <p>24 MS. THOMPSON:</p>	<p>1 Q Agree or disagree?</p> <p>2 A Disagree.</p> <p>3 Q 54, "It is unlikely that the</p> <p>4 association between talc and ovarian cancer is</p> <p>5 due to confounding, and so it is fair to say that</p> <p>6 if there is a statistically robust relationship</p> <p>7 between talc use and ovarian cancer" -- sorry.</p> <p>8 I'm gonna start all over.</p> <p>9 "It is unlikely that the association</p> <p>10 between talc and ovarian cancer is due to</p> <p>11 confounding, and so it is fair to say that if</p> <p>12 there is a statistically robust relationship</p> <p>13 between talc use and ovarian cancer, it is likely</p> <p>14 to be causal (albeit with intermediate factors</p> <p>15 such as inflammation)."</p> <p>16 Agree or disagree?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A Disagree.</p> <p>20 MS. THOMPSON:</p> <p>21 Q 55, "Among many epidemiologic</p> <p>22 variables, no confounders for the association --</p> <p>23 for the association were identified."</p> <p>24 MS. CURRY:</p>

Michael Birrer, M.D., Ph.D.

Page 142	Page 144
<p>1 Object to the form.</p> <p>2 A No opinion.</p> <p>3 MS. THOMPSON:</p> <p>4 Q 56, "There is a consistent association</p> <p>5 between talc and ovarian cancer that appears</p> <p>6 unlikely to be explained by recall or</p> <p>7 confounding."</p> <p>8 Agree or disagree?</p> <p>9 MS. CURRY:</p> <p>10 Object to the form.</p> <p>11 A Disagree.</p> <p>12 MS. THOMPSON:</p> <p>13 Q 57, "The meta-analyses of the available</p> <p>14 human studies in the peer-reviewed literature</p> <p>15 indicate a consistent and statistically</p> <p>16 significant positive association between perineal</p> <p>17 exposure to talc and ovarian cancer."</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 A Disagree.</p> <p>21 MS. THOMPSON:</p> <p>22 Q You disagree.</p> <p>23 58, "In studies where the exposure is</p> <p>24 simple (e.g., never versus ever use), recall bias</p>	<p>1 Object to the form.</p> <p>2 A I agree on that.</p> <p>3 MS. THOMPSON:</p> <p>4 Q 61, "The gold standard for translating</p> <p>5 epidemiologic case-controlled or cohort</p> <p>6 observational studies into a clinical meaningful</p> <p>7 data relies on laboratory-derived experiments in</p> <p>8 vitro or in vivo."</p> <p>9 MS. CURRY:</p> <p>10 Object to the form.</p> <p>11 A I disagree with that.</p> <p>12 MS. THOMPSON:</p> <p>13 Q On what basis?</p> <p>14 A The -- it depends upon the</p> <p>15 epidemiologic date that that we're talking about.</p> <p>16 Q In other words, if the epidemiologic</p> <p>17 data isn't strong enough, in your opinion, then</p> <p>18 doing in vitro or in vivo studies don't provide</p> <p>19 clinically meaningful data? Is that --</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 A It's actually -- it's actually the</p> <p>23 other way around. So I think if it's a weak</p> <p>24 association, then the laboratory data becomes</p>
Page 143	Page 145
<p>1 is unlikely to be an important source of bias."</p> <p>2 Agree or disagree?</p> <p>3 MS. CURRY:</p> <p>4 Object to the form.</p> <p>5 A No opinion.</p> <p>6 MS. THOMPSON:</p> <p>7 Q Is that an issue that you would be</p> <p>8 inclined to -- to ask an epidemiologist?</p> <p>9 MS. CURRY:</p> <p>10 Object to the form.</p> <p>11 A I'd like to see the -- I'd like to see</p> <p>12 the study that it's based on.</p> <p>13 MS. THOMPSON:</p> <p>14 Q Okay. 59, "Available data are</p> <p>15 indicative of a causal effect." And again,</p> <p>16 referring to talc and ovarian cancer.</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A Disagree.</p> <p>20 MS. THOMPSON:</p> <p>21 Q 60, "The data supporting the</p> <p>22 association of talc to the development of ovarian</p> <p>23 cancer is completely inconclusive."</p> <p>24 MS. CURRY:</p>	<p>1 that much more important for biologic</p> <p>2 plausibility.</p> <p>3 If it has -- you know, if it's chimney</p> <p>4 sweeps or lung cancer with smoking, then that's</p> <p>5 clinically meaningful. Those effects are huge.</p> <p>6 That's what I'm -- I'm not associating this just</p> <p>7 with the talc statement. Is it a talc statement?</p> <p>8 MS. THOMPSON:</p> <p>9 Q Uh-huh. I just want to make -- just</p> <p>10 want to make sure that I understand the -- the</p> <p>11 reason for your disagreement. But if you feel</p> <p>12 like it's explained, I'm good.</p> <p>13 A And again, I -- it's sort of the broad</p> <p>14 view that if -- if the -- if the epidemiologic</p> <p>15 case control and cohort studies are so powerful</p> <p>16 with a huge effect, then the biologic experiments</p> <p>17 and lab become less important.</p> <p>18 The other way around, which is really</p> <p>19 what we're dealing with with talc where the</p> <p>20 epidemiologic data I think is not compelling, the</p> <p>21 biologic plausibility becomes more important.</p> <p>22 And it sort of gets back into the Bradford Hill.</p> <p>23 Q Okay. So it's sort of inversely</p> <p>24 proportional in terms of the --</p>

37 (Pages 142 to 145)

Michael Birrer, M.D., Ph.D.

Page 146	Page 148
<p>1 A In terms of value.</p> <p>2 Q -- the importance of it?</p> <p>3 A Yeah.</p> <p>4 Q Okay. Got it.</p> <p>5 62, "Mineral talc occurs naturally in a</p> <p>6 platy, flat form, but may also occur as</p> <p>7 asbestiform fibers, which describes its physical</p> <p>8 form and does not imply the presence of asbestos.</p> <p>9 The purer forms, approximately 90 percent mineral</p> <p>10 talc, are used for" -- oops -- "are used for</p> <p>11 cosmetic and hygiene products, including baby</p> <p>12 powders and feminine hygiene products."</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 MS. THOMPSON:</p> <p>16 Q Agree or disagree or no opinion?</p> <p>17 A No opinion.</p> <p>18 Q That's it. I'll think of some new</p> <p>19 questions.</p> <p>20 A I feel like I just took my boards.</p> <p>21 Q Dr. Birrer, how do you define a</p> <p>22 carcinogen?</p> <p>23 A That's an agent or substance which</p> <p>24 causes or induces cancer.</p>	<p>1 Q Are you familiar with the term -- and I</p> <p>2 believe this is more in the toxicological</p> <p>3 literature -- of a complete carcinogen?</p> <p>4 A I would --</p> <p>5 Q Does that have a meaning to you?</p> <p>6 A Yeah. I've seen that described.</p> <p>7 Frankly, I can only -- I can only sort of guess</p> <p>8 what they mean by that. My guess is a complete</p> <p>9 carcinogen, putting out there for the discussion</p> <p>10 between you and me is what I'm describing as the</p> <p>11 classic initiation molecule.</p> <p>12 Q IARC describes -- do I have it? Would</p> <p>13 you look at Exhibit 6, which is the IARC? I just</p> <p>14 wanted to look at their definition of</p> <p>15 carcinogenesis and see whether you would agree</p> <p>16 with it or not.</p> <p>17 A Is it in the preamble?</p> <p>18 Q It's in the preamble. And if I can't</p> <p>19 find it, we may come back to that later.</p> <p>20 Because I can't remember where it is.</p> <p>21 Let's come back to that.</p> <p>22 A It's a big preamble.</p> <p>23 Q Lots of methodology.</p> <p>24 Are you familiar with the Hanahan paper</p>
Page 147	Page 149
<p>1 Q Do you include effect on the promotion</p> <p>2 and progression of cancer as well in a -- when</p> <p>3 you're considering carcinogenicity?</p> <p>4 MS. CURRY:</p> <p>5 Object to the form.</p> <p>6 A So historically -- and there's been a</p> <p>7 lot of work on this for decades -- carcinogens</p> <p>8 have been -- usually been associated with</p> <p>9 initiation. So this is a substance -- just to</p> <p>10 you an example. Paint it on to a mouse skin, and</p> <p>11 you develop tumors above -- statistically</p> <p>12 significantly above background.</p> <p>13 Tumor promoters don't do that. But</p> <p>14 when you combine the tumor promoter with the</p> <p>15 carcinogen, instead of getting the 10 tumors, now</p> <p>16 you get a hundred. So promotion is a little bit</p> <p>17 different. That's the historic perspective.</p> <p>18 You know, we've come a long way since</p> <p>19 then, and I think it's gotten even more complex,</p> <p>20 that there are tumor promoters that work by</p> <p>21 transcriptional factors. So that's not genetic</p> <p>22 changes in the tumor, in the cells. Carcinogens</p> <p>23 usually work that way, where you're getting a</p> <p>24 permanent genetic change.</p>	<p>1 from 2011 "Hallmarks of Cancer"?</p> <p>2 A It's a global sort of review. Yes.</p> <p>3 Q A big review --</p> <p>4 A Big.</p> <p>5 Q -- article?</p> <p>6 A Is it --</p> <p>7 Q Do you know -- do you know Dr. Hanahan</p> <p>8 or know of Dr. Hanahan?</p> <p>9 A I know of him.</p> <p>10 Q And it's Hanahan and Weinberg?</p> <p>11 A Weinberg, yeah. Yeah.</p> <p>12 Q Let me go ahead and mark that.</p> <p>13 A Okay.</p> <p>14 (DEPOSITION EXHIBIT NUMBER 10</p> <p>15 WAS MARKED FOR IDENTIFICATION.)</p> <p>16 MS. THOMPSON:</p> <p>17 Make sure those don't have my markings</p> <p>18 on it.</p> <p>19 A It would be easier for me if the</p> <p>20 markings were there.</p> <p>21 MS. THOMPSON:</p> <p>22 Q Exhibit 10. And you agree that this</p> <p>23 article describes the hallmarks of cancer in a</p> <p>24 general sense; right?</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 150</p> <p>1 A Correct.</p> <p>2 Q And it's a review article in Cell. Are</p> <p>3 you familiar with that journal?</p> <p>4 A I am.</p> <p>5 Q Have you published in that journal?</p> <p>6 Probably.</p> <p>7 A I wished I had published more in that</p> <p>8 journal. Yeah.</p> <p>9 Q And it's -- the title of the article is</p> <p>10 "The Hallmarks of Cancer: The Next Generation."</p> <p>11 But in the top right hand, it says, "Leading edge</p> <p>12 review." So that would be a review article for a</p> <p>13 general audience. Would you agree?</p> <p>14 A Yes. General audience of scientists,</p> <p>15 yeah. Because it's pretty sophisticated.</p> <p>16 Q Agree.</p> <p>17 And it describes the hallmarks of</p> <p>18 cancer generally. These do not specifically</p> <p>19 apply to ovarian cancer in -- in the</p> <p>20 introduction. I'm starting on the third</p> <p>21 sentence. "They include sustaining proliferative</p> <p>22 signaling, evading growth suppressors, resisting</p> <p>23 cell death, enabling replicative" --</p> <p>24 A Third line of -- you're in the abstract</p>	<p style="text-align: right;">Page 152</p> <p>1 Characteristics."</p> <p>2 And it says, the first sentence, "An</p> <p>3 increasing body of research suggests that two</p> <p>4 additional hallmarks of cancer are involved in</p> <p>5 the pathogenesis of some and perhaps all</p> <p>6 cancers."</p> <p>7 I'm gonna skip down to the -- to the</p> <p>8 last sentence in that description.</p> <p>9 "Inflammation" --</p> <p>10 A You're in the figure legend?</p> <p>11 Q In the figure legend.</p> <p>12 "Inflammation by innate immune cells</p> <p>13 designed to fight infections and heal wounds can</p> <p>14 instead result in their inadvertent support of</p> <p>15 multiple hallmark capabilities, thereby</p> <p>16 manifesting the now widely appreciated tumor</p> <p>17 promoting consequences of inflammatory</p> <p>18 responses."</p> <p>19 Would you agree with that statement, in</p> <p>20 a general sense?</p> <p>21 A Yes.</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A Sorry.</p>
<p style="text-align: right;">Page 151</p> <p>1 or in the introduction?</p> <p>2 Q I'm in the -- sorry. I'm in the</p> <p>3 abstract.</p> <p>4 A Okay.</p> <p>5 Q It sort of seemed more like an</p> <p>6 introduction than an abstract to me. So starting</p> <p>7 again. Talking about the hallmarks described in</p> <p>8 this paper, "They include sustaining</p> <p>9 proliferative signalling, evading growth</p> <p>10 suppressors, resisting cell death, enabling</p> <p>11 replicative immortality, enduing angiogenesis,</p> <p>12 and activating invasion and metastasis.</p> <p>13 "Underlining these hallmarks are genome</p> <p>14 instability which generates the genetic diversity</p> <p>15 that expedites their acquisition and</p> <p>16 inflammation, which fosters multiple hallmark</p> <p>17 functions."</p> <p>18 Would you agree with that statement</p> <p>19 from this article?</p> <p>20 A I think as a general statement, yes.</p> <p>21 Q And the article, as you described, is</p> <p>22 quite technical and -- and goes on for a while.</p> <p>23 I'm looking at the Figure 3 on page 658. And the</p> <p>24 heading is "Emerging Hallmarks and Enabling</p>	<p style="text-align: right;">Page 153</p> <p>1 MS. THOMPSON:</p> <p>2 Q Are you familiar with Dr. Balkwill?</p> <p>3 A We're done with this?</p> <p>4 Q We're done with that.</p> <p>5 A Fran? Fran Balkwill? Yes.</p> <p>6 Q And I believe you published with</p> <p>7 Dr. Balkwill?</p> <p>8 A I believe we're on two. I can't</p> <p>9 remember.</p> <p>10 Q And she is a well-renowned cancer</p> <p>11 biologist. Would you agree?</p> <p>12 A I would agree.</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 (DEPOSITION EXHIBIT NUMBER 11</p> <p>16 WAS MARKED FOR IDENTIFICATION.)</p> <p>17 MS. THOMPSON:</p> <p>18 Q I'm gonna mark as Exhibit 11 an article</p> <p>19 written by Dr. Balkwill.</p> <p>20 Have you seen this article, Dr. Birrer?</p> <p>21 A I'm actually not familiar with this.</p> <p>22 But I know Fran's work pretty well.</p> <p>23 Q Okay. Well, let's just --</p> <p>24 A Yeah.</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 154</p> <p>1 Q -- look through it. And this is also a 2 review article. 3 A Uh-huh. 4 Q And -- and this article is in -- is in 5 The Lancet. Correct? 6 A Correct. 7 Q And is -- we've already mentioned that 8 Dr. Balkwill is well regarded. 9 Is The Lancet a well-regarded journal? 10 A Yes. 11 MS. CURRY: 12 Object to the form. 13 MS. THOMPSON: 14 Q Is it one of the most respected 15 journals, would you say? 16 MS. CURRY: 17 Object to the form. 18 A It's not as good as Cell. 19 MS. THOMPSON: 20 Q Oh. I won't tell them you said that. 21 But, generally -- generally speaking -- 22 A Yes. 23 Q -- physicians and scientists would 24 recognize The Lancet?</p>	<p style="text-align: right;">Page 156</p> <p>1 progression, and immunosuppression than they are 2 to mount an effective host antitumor response. 3 Moreover cancer suscep- -- susceptibility and 4 severity may be associated with functional 5 polymorphisms of inflammatory cytokine genes, and 6 deletion or inhibition of inflammatory cytokines, 7 inhibits development of experimental cancer. 8 "If genetic damage is the 'match that 9 lights the fire' of cancer, some types of 10 inflammation may provide the 'fuel that feeds the 11 flames.'" 12 That was a long passage, but do you 13 generally agree with the statement by 14 Dr. Balkwill? 15 MS. CURRY: 16 Object to the form. 17 A I do. 18 MS. THOMPSON: 19 Q And then look down on that same page to 20 panel 1. 21 A Uh-huh. 22 Q And the title of that panel, for lack 23 of better word, is "Some Associations Between 24 Inflammation and Cancer Risk." Right?</p>
<p style="text-align: right;">Page 155</p> <p>1 A It's well read -- it's well read and 2 it's -- it has a substantial impact factor. 3 Q And we don't know in this situation 4 whether Dr. Balkwill -- do you know 5 Dr. Mantovani, the second author on this paper? 6 A No. I don't recognize him. 7 Q We don't know whether this article was 8 invited or submitted, but, regardless, certainly 9 the readers of Lancet would look to Dr. Balkwill 10 as being an expert to discuss inflammation in 11 cancer; correct? 12 MS. CURRY: 13 Object to the form. 14 A Correct. 15 MS. THOMPSON: 16 Q So reading in -- in the abstract, which 17 looks like an introduction to me again, but 18 reading the abstract, "This article reviews" -- 19 second line -- "This article reviews the links 20 between cancer and inflammation and discusses the 21 implications of these links for cancer prevention 22 and treatment. We suggest that the inflammatory 23 cells and cytokines found in tumors are more 24 likely to contribute to tumor growth,</p>	<p style="text-align: right;">Page 157</p> <p>1 A 901. Got it. 2 Q And under "Malignancy," it lists 3 various types of cancer in which there's 4 association between inflammation and cancer risk. 5 Correct? 6 A Correct. 7 Q And one of them -- one of them is 8 ovarian; right? 9 A I see it. 10 Q And in the -- under the inflammatory 11 stimulus/condition, it lists pelvic inflammatory 12 disease, talc, tissue remodeling. 13 Do you agree that Dr. Balkwill, at 14 least in 2001, believed that talc was an 15 inflammatory stimulus and condition for the 16 association with ovarian cancer? 17 MS. CURRY: 18 Object to the form. 19 A Yeah. So, again, this is a -- a bit of 20 a recurring theme in the sense that I don't know 21 if Fran -- I haven't talked to her about this 22 review. I don't know if Fran believed that and 23 got it wrong or, more likely, this is a review 24 article. So you include everything, even though</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 158</p> <p>1 she may not feel really strongly about that. So</p> <p>2 it's a little hard to tell.</p> <p>3 MS. THOMPSON:</p> <p>4 Q But you would agree that both -- both</p> <p>5 Dr. Balkwill and The Lancet would not include</p> <p>6 something in a review article for which there was</p> <p>7 no evidence?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A Again, it depends on how they're</p> <p>11 proposing it; that there has been -- there has --</p> <p>12 there have been reports associating PID, talc --</p> <p>13 I don't know what tissue remodeling is, although</p> <p>14 that is probably the most reasonable -- but PID</p> <p>15 and talc as associated with a risk for ovarian</p> <p>16 cancer. That's a true statement. I don't -- and</p> <p>17 the reason we're here today is because I reviewed</p> <p>18 that literature and I don't believe the</p> <p>19 conclusion.</p> <p>20 But you could put it into review.</p> <p>21 That's -- that's the nature of a review article.</p> <p>22 We all put things in that we feel the reader</p> <p>23 needs to see to get a full understanding of</p> <p>24 science, but we don't necessarily -- we're not</p>	<p style="text-align: right;">Page 160</p> <p>1 them to say, okay, this has been studied</p> <p>2 epidemiologically and in other situations. So I</p> <p>3 think -- I think that's what you're grappling</p> <p>4 with. It's a review article. So these things</p> <p>5 show up.</p> <p>6 Q Okay. So -- so there are two</p> <p>7 possibilities --</p> <p>8 A Uh-huh.</p> <p>9 Q -- it sounds like. Either Dr. Balkwill</p> <p>10 got it wrong --</p> <p>11 A Uh-huh.</p> <p>12 Q -- or because this was a review</p> <p>13 article, she was reporting evidence that was in</p> <p>14 the literature that she felt that readers of this</p> <p>15 article should be aware of.</p> <p>16 A Correct. Don't tell her I said the</p> <p>17 former.</p> <p>18 MS. CURRY:</p> <p>19 Object to the form of the question.</p> <p>20 MS. THOMPSON:</p> <p>21 Q Okay. I -- I -- I will do that for</p> <p>22 you, Dr. Birrer.</p> <p>23 A Uh-huh.</p> <p>24 Q And -- and this paper is not recent,</p>
<p style="text-align: right;">Page 159</p> <p>1 convinced.</p> <p>2 MS. THOMPSON:</p> <p>3 Q Well, but -- but back to my question,</p> <p>4 which I think was Dr. Balkwill and The Lancet</p> <p>5 would not have put this in with no evidence.</p> <p>6 MS. CURRY:</p> <p>7 Object to the form.</p> <p>8 A I don't agree with that.</p> <p>9 MS. THOMPSON:</p> <p>10 Q You think they would put something in</p> <p>11 that they did not believe there was any evidence</p> <p>12 to support?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A Again, it depends on how you define</p> <p>16 that. So when you say "no evidence," you mean no</p> <p>17 epidemiologic studies that have ever shown an</p> <p>18 association. We know that's not true. There</p> <p>19 have been some. So there is some evidence. It's</p> <p>20 the totality of the evidence that I don't</p> <p>21 believe.</p> <p>22 MS. THOMPSON:</p> <p>23 Q Okay.</p> <p>24 A But it would not be unreasonable for</p>	<p style="text-align: right;">Page 161</p> <p>1 you will agree?</p> <p>2 A 2010?</p> <p>3 Q 2001.</p> <p>4 A 2001. Uh-huh. Yeah. Okay.</p> <p>5 Q Are you aware of anything that</p> <p>6 Johnson & Johnson did in 2001 to address this</p> <p>7 idea of Dr. Balkwill and others, including</p> <p>8 Dr. Ness, that talc may be causing ovarian cancer</p> <p>9 through an inflammatory process?</p> <p>10 MS. CURRY:</p> <p>11 Object to the form.</p> <p>12 A In 2000 -- in 2001?</p> <p>13 MS. THOMPSON:</p> <p>14 Q Right.</p> <p>15 Did Johnson & Johnson respond to what</p> <p>16 at least is reported as being in the literature</p> <p>17 in Lancet?</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 A I'm not aware of that.</p> <p>21 MS. THOMPSON:</p> <p>22 Q I'm gonna mark as Exhibit 13 --</p> <p>23 MS. EVERETT:</p> <p>24 12.</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 162</p> <p>1 MS. THOMPSON: 2 Q Oh, there it is. 3 (DEPOSITION EXHIBIT NUMBER 12 4 WAS MARKED FOR IDENTIFICATION.) 5 MS. THOMPSON: 6 Q Exhibit 12 is going to be another 7 article -- another review article by Dr. Reuter 8 and authors. Oh, we need to -- sorry. Make sure 9 that's not my copy. 10 A This is mine? 11 Q That's yours, yeah. 12 Are you familiar with the journal of 13 Free Radical Biology in Medicine? 14 A I am familiar. Not something I publish 15 in much. 16 Q And probably doesn't have quite the 17 reputation of The Lancet or Cell? 18 A I don't think so. 19 Q But regardless, it's peer-reviewed. 20 A Uh-huh. 21 Q Are you familiar with any of these 22 authors? 23 A Not firsthand. Aggarwal I may have 24 heard about, but not, firsthand, no.</p>	<p style="text-align: right;">Page 164</p> <p>1 A Where are you now? 2 Q I'm turning to page 2, 1604 in the 3 introduction section. 4 A Uh-huh. 5 Q The second paragraph reads "Under a 6 sustained environmental stress, ROS -- R-O-S -- 7 are produced over a long time, and thus 8 significant damage may occur to cell structure 9 and functions and may induce somatic mutations 10 and neoplastic transformation. 11 "Indeed, cancer initiation and 12 progression have been linked to oxidative stress 13 by increasing DNA mutations or inducing DNA 14 damage, genome instability, and cell 15 proliferation." 16 Would you agree with that sentence in a 17 general sense? 18 MS. CURRY: 19 Object to the form. 20 A I'm just looking at the references. 21 MS. THOMPSON: 22 Q And take a moment if you need to do 23 that. 24 A Sure.</p>
<p style="text-align: right;">Page 163</p> <p>1 Q And reading -- and the title of this 2 review article is "Oxidative stress, 3 inflammation, and cancer. How are they linked?" 4 Right? 5 A Correct. 6 Q Reading in the abstract, the last 7 couple of sentences starting with "How oxidative 8 stress activates inflammatory pathways leading to 9 a transformation of a normal cell to tumor cell, 10 tumor cell survival, proliferation, 11 chemoresistance, radioresistance, invasion, 12 angiogenesis, and stem cell survival is the focus 13 of this review. Overall, observations to date 14 suggest that oxidative stress, chronic 15 inflammation, and cancer are closely linked." 16 Would you agree with that statement? 17 MS. CURRY: 18 Object to the form. 19 A Yes. 20 MS. THOMPSON: 21 Q In a general sense, in a review 22 article? 23 A Correct. 24 Q And --</p>	<p style="text-align: right;">Page 165</p> <p>1 I think as a general statement, I 2 wouldn't -- I would not disagree with that. I 3 think that's -- yeah. 4 Q Sorry. 5 A Go ahead. 6 Q And this article was published in 2010; 7 correct? 8 A Correct. 9 Q And looking at Table 2, a partial list 10 of cancers that have been linked to reactive 11 oxygen species, and under that list is ovarian 12 cancer. 13 Would you agree that in 2010 ovarian 14 cancer had been linked to reactive oxygen 15 species? 16 MS. CURRY: 17 Object to the form. 18 A Yeah. This was a little more 19 complicated in the sense I'm not sure why every 20 case was not listed because reactive oxygen 21 species are present in essentially every cell in 22 the body. So it's a -- it's an odd table in that 23 it's a subset and then -- it's sort of implying 24 reactive oxygen species are not important in</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 166</p> <p>1 other cancers.</p> <p>2 And, then, too, what they reference is</p> <p>3 51, which is a really odd reference. "Loss of</p> <p>4 Mkp3 mediated by oxidative stress enhances tumor</p> <p>5 genicity and chemoresistance of ovarian cancer</p> <p>6 cells."</p> <p>7 Hardly a paper -- I mean, I'm</p> <p>8 extrapolating the title. Hardly a paper that</p> <p>9 would say that reactive oxygen species is</p> <p>10 critical to the development of ovarian cancer.</p> <p>11 That's chemoresistance. That's -- that's at the</p> <p>12 end of natural history, so...</p> <p>13 MS. THOMPSON:</p> <p>14 Q But at least the authors in this</p> <p>15 peer-reviewed review article thought appropriate</p> <p>16 to list ovarian cancer under one of the cancers</p> <p>17 that have been linked to reactive oxygen species;</p> <p>18 right?</p> <p>19 A It's there.</p> <p>20 (DEPOSITION EXHIBIT NUMBER 13</p> <p>21 WAS MARKED FOR IDENTIFICATION.)</p> <p>22 MS. THOMPSON:</p> <p>23 Q I'm marking as Exhibit 13 another</p> <p>24 review article from Lancet. This one, a little</p>	<p style="text-align: right;">Page 168</p> <p>1 Object to the form.</p> <p>2 A Oza and Vergote are -- Vergote is a</p> <p>3 surgeon and very much clinical. I don't think he</p> <p>4 does any work in the lab. Oza is developmental</p> <p>5 therapeutics clinical. Charlie is the scientist</p> <p>6 here.</p> <p>7 MS. THOMPSON:</p> <p>8 Q Okay. And I think --</p> <p>9 A Yeah.</p> <p>10 Q -- at least with this review article,</p> <p>11 it was meant to address --</p> <p>12 A Everything.</p> <p>13 Q -- all -- all aspects --</p> <p>14 A Right.</p> <p>15 Q -- from my reading of it.</p> <p>16 A And I think Stephanie works for Amit, I</p> <p>17 think.</p> <p>18 Q So these are well-regarded --</p> <p>19 A Uh-huh.</p> <p>20 Q -- scientists and experts in ovarian</p> <p>21 cancer. You would agree?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A Yes.</p>
<p style="text-align: right;">Page 167</p> <p>1 more current.</p> <p>2 Have you seen this article, Dr. Birrer?</p> <p>3 A I know the -- I know the authors, but I</p> <p>4 haven't actually --</p> <p>5 Q Oh. Did I give you a highlighted --</p> <p>6 A I -- I don't think so.</p> <p>7 Q Okay.</p> <p>8 A It would be helpful if it was</p> <p>9 highlighted.</p> <p>10 Q It would be helpful to me also.</p> <p>11 That's okay.</p> <p>12 And, in fact, these -- I think three of</p> <p>13 the four authors you have published with. Does</p> <p>14 that sound right?</p> <p>15 A Ignace, Charlie, Amit, I know all of</p> <p>16 them. I don't know Stephanie.</p> <p>17 Q I think that was the one that I did not</p> <p>18 see on -- on your CV as one of your coauthors.</p> <p>19 And this review article -- and you</p> <p>20 would assume that -- well, we don't have to</p> <p>21 assume -- are Dr. Gourley, Dr. Vergote and</p> <p>22 Dr. Oza considered experts in the field of</p> <p>23 epithelial ovarian cancer?</p> <p>24 MS. CURRY:</p>	<p style="text-align: right;">Page 169</p> <p>1 MS. THOMPSON:</p> <p>2 Q And this is a review article, as we</p> <p>3 said, just published in Lancet within -- March</p> <p>4 23rd, so within the last week.</p> <p>5 Have you seen this article?</p> <p>6 A This one?</p> <p>7 Q Yes.</p> <p>8 A No. Just the last week.</p> <p>9 Q Let's look in the first section,</p> <p>10 Epidemiology and Risk Factors. And the last</p> <p>11 sentence, "Risk factors for EOC include the</p> <p>12 number of lifetime of ovulations (absence of</p> <p>13 pregnancy), early age of menarche and late age at</p> <p>14 menopause, family history of EOC, smoking, benign</p> <p>15 gynecological conditions, including</p> <p>16 endometriosis -- endometriosis, polycystic ovary</p> <p>17 disease and pelvic inflammatory disease, and</p> <p>18 potentially use of talcum powder."</p> <p>19 Would you agree that at least the</p> <p>20 authors thought that the use of talcum powder is</p> <p>21 potentially a risk factor for EOC?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A And, again, this is a review. So I</p>

Michael Birrer, M.D., Ph.D.

Page 170	Page 172
<p>1 think they're trying to be inclusive. And I</p> <p>2 don't actually know that any of them believe</p> <p>3 that.</p> <p>4 MS. THOMPSON:</p> <p>5 Q So would -- would they -- would they</p> <p>6 have -- would it be the two options again, either</p> <p>7 they're wrong --</p> <p>8 A (Nods affirmatively.)</p> <p>9 Q -- or that they're just reporting on</p> <p>10 what the literature states?</p> <p>11 A (Nods affirmatively.)</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 A Yeah. I think it extends beyond</p> <p>15 talcum, too, to be honest with you. I don't -- I</p> <p>16 don't consider smoking to be a strong risk for</p> <p>17 ovarian cancer. And PID, I don't either.</p> <p>18 So -- and I don't know of many of my --</p> <p>19 I mean, we don't -- we don't want our patients</p> <p>20 smoking. But I don't know of many of the</p> <p>21 gynecologic oncologists I work with who -- that's</p> <p>22 on their -- that's on their risk list.</p> <p>23 MS. THOMPSON:</p> <p>24 Q Even for mucinous?</p>	<p>1 Q So the authors, if they were reporting</p> <p>2 on the potential risk of talcum powder use in</p> <p>3 ovarian cancer chose to cite Penninkilampi as a</p> <p>4 source -- as the source for that information;</p> <p>5 correct?</p> <p>6 A They reference it.</p> <p>7 Q And you would assume they would choose</p> <p>8 the most authoritative article that was available</p> <p>9 in the literature?</p> <p>10 MS. CURRY:</p> <p>11 Object to the form.</p> <p>12 MS. THOMPSON:</p> <p>13 Q Wouldn't you?</p> <p>14 A I would not assume that.</p> <p>15 Q You would assume they'd pick something</p> <p>16 that wasn't as authoritative? There's something</p> <p>17 else they could have picked?</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 A They may have -- they may have picked</p> <p>21 that because it was one of the more recent</p> <p>22 meta-analyses, and so it was convenient. And</p> <p>23 it's flawed. We can go over if you'd like.</p> <p>24 MS. THOMPSON:</p>
Page 171	Page 173
<p>1 A Well, now you're gonna get complicated</p> <p>2 on me because, you know, there are people that</p> <p>3 don't think -- there are mucinous tumors of the</p> <p>4 ovary. Bob Kirkman is one of them, and that is</p> <p>5 all GI.</p> <p>6 So I think -- I don't think it's all</p> <p>7 that relevant because it's such a rare tumor.</p> <p>8 Q And the citation for the reference</p> <p>9 that --</p> <p>10 A 8?</p> <p>11 Q -- a risk factor potentially would --</p> <p>12 could be the use of talcum powder is the</p> <p>13 Penninkilampi meta-analysis; right?</p> <p>14 A That's referenced in 8, yes.</p> <p>15 Q So at least the authors, the reviewers,</p> <p>16 the editors of the journal felt that the most</p> <p>17 authoritative source would be that Penninkilampi</p> <p>18 meta-analysis. Would you agree?</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 A Say that again. I'm sorry.</p> <p>22 MS. THOMPSON:</p> <p>23 Q Yeah.</p> <p>24 A I could read it.</p>	<p>1 Q Well, I'm just saying these authors</p> <p>2 picked that to -- to support the statement in</p> <p>3 their review article in The Lancet that the use</p> <p>4 of talcum powder is potentially a risk factor for</p> <p>5 ovarian cancer.</p> <p>6 A Well, I would agree that they picked</p> <p>7 that reference. I disagree that that's because</p> <p>8 they thought it was the most authoritative</p> <p>9 article. It is one of the more recent, and, so,</p> <p>10 therefore, a lot of the other papers would be</p> <p>11 included in it. So it's a convenient place to</p> <p>12 steer a reader.</p> <p>13 Q Do you think they'd pick it if they</p> <p>14 thought it was flawed?</p> <p>15 MS. CURRY:</p> <p>16 Object to the form.</p> <p>17 A Probably if -- if it was seriously</p> <p>18 flawed, I don't think they would have picked it.</p> <p>19 Yeah.</p> <p>20 MS. THOMPSON:</p> <p>21 Q And would you agree, also, that the</p> <p>22 reviewers would not have included an article that</p> <p>23 the reviewers felt was seriously flawed?</p> <p>24 MS. CURRY:</p>

Michael Birrer, M.D., Ph.D.

Page 174	Page 176
<p>1 Object to the form.</p> <p>2 A Again, it's a little bit -- having been</p> <p>3 involved in these processes, to be perfectly</p> <p>4 frank, you get a review article with a review of</p> <p>5 147 references, you're not gonna go through them</p> <p>6 all. So I don't know I can say with any</p> <p>7 authority that the reviewers looked at this and</p> <p>8 said, gee, they picked the one talc paper that is</p> <p>9 really spectacular.</p> <p>10 MS. THOMPSON:</p> <p>11 Q Okay. So there were -- but there --</p> <p>12 there were no --</p> <p>13 A The review, and -- and it's true for</p> <p>14 the editor too.</p> <p>15 Q Okay. So at least there were no red</p> <p>16 flags in front of the reviewers and the editor</p> <p>17 when they saw the Penninkilampi article cited for</p> <p>18 that reference?</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 A I --</p> <p>22 MS. THOMPSON:</p> <p>23 Q That would cause them to --</p> <p>24 A I don't know they noticed it.</p>	<p>1 lunch?</p> <p>2 MS. CURRY:</p> <p>3 We actually did order in lunch. I'm</p> <p>4 not sure if we -- if you want to take a quick</p> <p>5 break, I can check on the estimated time of</p> <p>6 arrival.</p> <p>7 MS. THOMPSON:</p> <p>8 Sure. Or we can just keep going until</p> <p>9 we get word. Whatever --</p> <p>10 A Or we could just finish.</p> <p>11 MR. MIZGALA:</p> <p>12 I second that.</p> <p>13 MS. GARBER:</p> <p>14 You guys keep going. I'll check.</p> <p>15 MS. THOMPSON:</p> <p>16 Are you telling me you're not having</p> <p>17 fun? I think he liked the test.</p> <p>18 THE WITNESS:</p> <p>19 Yeah. It would have been nice to have</p> <p>20 the little box -- the little circles you could</p> <p>21 fill in. You know.</p> <p>22 MS. THOMPSON:</p> <p>23 And then I could just put it in the</p> <p>24 computer.</p>
Page 175	Page 177
<p>1 Q Okay. But the editors selected that</p> <p>2 article; correct?</p> <p>3 MS. CURRY:</p> <p>4 Object to the form.</p> <p>5 MS. THOMPSON:</p> <p>6 Q For whatever reason?</p> <p>7 A The --</p> <p>8 Q The authors.</p> <p>9 A The authors selected it.</p> <p>10 Q Sorry.</p> <p>11 A Not -- not the editors. Correct.</p> <p>12 Q Thank you. I meant to say authors.</p> <p>13 A And, again, I would just emphasize it</p> <p>14 says "potentially use of talcum powder."</p> <p>15 Q That's right.</p> <p>16 A Okay.</p> <p>17 Q And at least in this statement, the</p> <p>18 reference to talcum powder as potentially a risk</p> <p>19 factor did not separate out the subtypes. It's</p> <p>20 referring to EOC; correct?</p> <p>21 A I -- that's the way I would read it,</p> <p>22 right.</p> <p>23 MS. THOMPSON:</p> <p>24 Dawn, what are you thinking about</p>	<p>1 THE WITNESS:</p> <p>2 No mumbling? Sorry.</p> <p>3 MS. CURRY:</p> <p>4 Okay. So the lunch, I was just told,</p> <p>5 is actually here. So it's up to you when you're</p> <p>6 in a good breaking point.</p> <p>7 MS. THOMPSON:</p> <p>8 Dr. Birrer, do you want to take a break</p> <p>9 for lunch or do you want to go another 15 or 20</p> <p>10 minutes?</p> <p>11 THE WITNESS:</p> <p>12 Going would be fine.</p> <p>13 MS. THOMPSON:</p> <p>14 Q Okay.</p> <p>15 A Yeah.</p> <p>16 Q Let's -- let's look at the IARC 93, the</p> <p>17 one that --</p> <p>18 A Uh-huh.</p> <p>19 Q -- addresses the nonasbestiform talc.</p> <p>20 And turning to page 277 in the exposure data</p> <p>21 introduction --</p> <p>22 A Uh-huh. Do you want to use mine?</p> <p>23 Q Let's have a blank one to follow along.</p> <p>24 Does this section define the</p>

45 (Pages 174 to 177)

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 178</p> <p>1 nonasbestiform talc?</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 MS. THOMPSON:</p> <p>5 Q Oh, there it is. And let's just read</p> <p>6 along in that third paragraph.</p> <p>7 A Okay.</p> <p>8 Q "Asbestiform talc fibers are very long</p> <p>9 and thin and occur in parallel bundles that are</p> <p>10 easily separated from one another by hand</p> <p>11 pressure." And asbestos -- no. Just strike</p> <p>12 that.</p> <p>13 You're -- you're not an expert in the</p> <p>14 different types of asbestos or talc in its</p> <p>15 different --</p> <p>16 A I'm learning --</p> <p>17 Q Are you?</p> <p>18 A I'm learning a lot.</p> <p>19 Q I -- well, I don't want to ask those</p> <p>20 questions to you later because then you'll be an</p> <p>21 expert.</p> <p>22 Let's -- let's go to the conclusions of</p> <p>23 IARC. We've already established that IARC used a</p> <p>24 pretty extensive methodology in reaching their</p>	<p style="text-align: right;">Page 180</p> <p>1 was -- well, that there was limited evidence in</p> <p>2 humans for the carcinogenicity in peroneal use of</p> <p>3 talcum powder body product. Is that what IARC</p> <p>4 concluded?</p> <p>5 A That's in 6.1, the second one. Yes.</p> <p>6 Q Right.</p> <p>7 And there is limited evidence in</p> <p>8 experimental animals; right?</p> <p>9 A 6.2. Yes.</p> <p>10 Q And in the rationale, the authors</p> <p>11 state, third paragraph, "For peroneal use of</p> <p>12 talcum-based body power, many case-control</p> <p>13 studies of ovarian cancer found a modest but an</p> <p>14 unusually consistent excessive risk, although the</p> <p>15 impact of bias and potential confounding could</p> <p>16 not be ruled out."</p> <p>17 Is -- is that your understanding of the</p> <p>18 conclusions?</p> <p>19 A That's what they concluded.</p> <p>20 Q And --</p> <p>21 A We're done with IARC?</p> <p>22 Q We're done with IARC.</p> <p>23 And you also looked at the Health</p> <p>24 Canada Assessment; right?</p>
<p style="text-align: right;">Page 179</p> <p>1 conclusions; right?</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 A Yes.</p> <p>5 MS. THOMPSON:</p> <p>6 Q And in your -- in your opinion, IARC</p> <p>7 got -- got it wrong; right?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A I think the net -- and I -- let me just</p> <p>11 summarize. I agree that they did a thorough sort</p> <p>12 of process here. In the end, what they</p> <p>13 concluded, I think, was -- was wrong. If I</p> <p>14 recall correctly, it's 2B.</p> <p>15 MS. THOMPSON:</p> <p>16 Q That's right.</p> <p>17 A Was the classification.</p> <p>18 Q But 2B does not mean that it's not</p> <p>19 carcinogenic, does it?</p> <p>20 A Means it's possible carcinogenic. I</p> <p>21 think that's by definition.</p> <p>22 Q Right.</p> <p>23 And -- and in this situation, the</p> <p>24 reason for the classification was that there</p>	<p style="text-align: right;">Page 181</p> <p>1 A Yes.</p> <p>2 Q And we agreed that the methodology that</p> <p>3 Health Canada applied for -- for their</p> <p>4 determination was also extensive; right?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A They were systematic and thorough. I</p> <p>8 think it was pretty complicated, yeah.</p> <p>9 MS. THOMPSON:</p> <p>10 Q And what's your understanding of the</p> <p>11 conclusions reached by the -- Health Canada?</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 MS. THOMPSON:</p> <p>15 Q Scientists.</p> <p>16 A Well, they concluded that there was a</p> <p>17 low risk of harm to the environment from talc.</p> <p>18 Q Is that what you came away with?</p> <p>19 A Well, it was in the third paragraph.</p> <p>20 So it was important to note that. But they did</p> <p>21 conclude that talc meets one of the criteria.</p> <p>22 That was Section 64. And so they concluded that</p> <p>23 it potentially presented a health risk to</p> <p>24 Canadians, if I got that right.</p>

Michael Birrer, M.D., Ph.D.

Page 182	Page 184
<p>1 Q And do you think it was just to</p> <p>2 Canadians?</p> <p>3 A Well, that's the way they quoted it.</p> <p>4 Q And --</p> <p>5 A In fact, the statement is "may</p> <p>6 constitute a danger in Canada to health" --</p> <p>7 "human health" -- "human life or health."</p> <p>8 Q And they also made the -- well, let's</p> <p>9 read beginning on page little -- little 3, i --</p> <p>10 iii?</p> <p>11 A I'm sorry. Where are you?</p> <p>12 Q Little -- little roman numeral 3.</p> <p>13 A Three? Yeah.</p> <p>14 Q Is your understanding that the -- that</p> <p>15 Health Canada found that the available data were</p> <p>16 indicative of a causal effect?</p> <p>17 A Where are you reading?</p> <p>18 Q I was just asking you what your</p> <p>19 understanding was.</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 A I'm not sure that they actually found</p> <p>23 causal effects.</p> <p>24 MS. THOMPSON:</p>	<p>1 Q -- executive summary.</p> <p>2 A Yeah. Uh-huh.</p> <p>3 Q "Given that there is potential for</p> <p>4 peroneal exposure to talc from the use of various</p> <p>5 self-care products, for example, body powder,</p> <p>6 baby powder, diaper and rash creams, gentle</p> <p>7 antiperspirants and deodorants, body wipes, bath</p> <p>8 bombs, a potential concern for human health has</p> <p>9 been identified."</p> <p>10 Correct?</p> <p>11 A I agree with that.</p> <p>12 Q And is it your opinion that Health</p> <p>13 Canada got it wrong also?</p> <p>14 MS. CURRY:</p> <p>15 Object to the form.</p> <p>16 A So it's interesting. When I reviewed</p> <p>17 this was -- again, this is a very recent -- looks</p> <p>18 like December 2018 -- decision by Health Canada</p> <p>19 based upon a huge body of literature, which I had</p> <p>20 reviewed and come to a different conclusion.</p> <p>21 So there really was not very much new</p> <p>22 data to draw this conclusion. So, you know,</p> <p>23 again, I think very much like IARC, I think they</p> <p>24 got it wrong.</p>
Page 183	Page 185
<p>1 Q Okay. Well, let's -- let's read</p> <p>2 beginning -- the paragraph with "The</p> <p>3 meta-analyses."</p> <p>4 A Where are you? Oh, the -- yeah.</p> <p>5 Q "The meta-analyses of the available</p> <p>6 human studies in the peer-reviewed literature" --</p> <p>7 A Yep.</p> <p>8 Q -- "indicate a statistically</p> <p>9 significant positive association between perineal</p> <p>10 exposure to talc and ovarian cancer. Further,</p> <p>11 available data are indicative of a causal</p> <p>12 effect."</p> <p>13 A Uh-huh.</p> <p>14 Q So they did --</p> <p>15 A (Nods affirmatively.)</p> <p>16 Q -- determine that it was indicative of</p> <p>17 a causal effect; right?</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 A That's what they said, yes. It's not</p> <p>21 referenced, but --</p> <p>22 MS. THOMPSON:</p> <p>23 Q Well, this is the --</p> <p>24 A Yeah.</p>	<p>1 MS. THOMPSON:</p> <p>2 Q And you don't think that this is a</p> <p>3 situation where scientists can look at the same</p> <p>4 data and -- and make different conclusions?</p> <p>5 A No.</p> <p>6 MS. CURRY:</p> <p>7 Object to the form.</p> <p>8 MS. THOMPSON:</p> <p>9 Q Do you have any reason to believe that</p> <p>10 the scientists who worked on this project were</p> <p>11 unreasonable?</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 A Other than the fact they drew the wrong</p> <p>15 conclusion here, I know nothing else about them,</p> <p>16 so...</p> <p>17 MS. THOMPSON:</p> <p>18 Q You don't have any reason to believe</p> <p>19 they were incompetent?</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 A No.</p> <p>23 MS. THOMPSON:</p> <p>24 Q Do you have any reason to believe that</p>

47 (Pages 182 to 185)

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 186</p> <p>1 they weren't good scientists?</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 A I don't really have a lot of knowledge</p> <p>5 of them. If I could actually find the list of</p> <p>6 individuals who made this decision -- I don't</p> <p>7 think it's published.</p> <p>8 MS. THOMPSON:</p> <p>9 Q And did you -- this was done under the</p> <p>10 auspices, I believe, of the Minister of Health.</p> <p>11 A Uh-huh.</p> <p>12 Q You don't know the Minister of Health</p> <p>13 in Canada, do you?</p> <p>14 A I don't.</p> <p>15 Q Or know that he would -- or she would</p> <p>16 not be competent?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A I have no direct evidence for that.</p> <p>20 MS. THOMPSON:</p> <p>21 Q Do you take any issue with the weight</p> <p>22 of the evidence methodology that Health Canada</p> <p>23 applied?</p> <p>24 A No.</p>	<p style="text-align: right;">Page 188</p> <p>1 A In terms of peer review, scientific</p> <p>2 peer review?</p> <p>3 Q Correct.</p> <p>4 A I can't say that definitively.</p> <p>5 Q If you'll look at the -- and the copy</p> <p>6 that I'm looking at doesn't have page numbers, so</p> <p>7 that's why it's -- I'm --</p> <p>8 A Roughly.</p> <p>9 Q -- making it difficult.</p> <p>10 But if you look at the big bold</p> <p>11 introduction that comes right after the synopsis,</p> <p>12 it should be about the -- it may be the little</p> <p>13 numbers.</p> <p>14 A Introduction?</p> <p>15 Q Yeah.</p> <p>16 And the very bottom of that page, I'm</p> <p>17 reading "The human health portion of this</p> <p>18 assessment has undergone external peer review</p> <p>19 and/or consultation?"</p> <p>20 Doesn't -- does the assessment, at</p> <p>21 least, state that it underwent peer review and</p> <p>22 consultation?</p> <p>23 A It states that. I don't quite -- I</p> <p>24 don't honestly know what that means.</p>
<p style="text-align: right;">Page 187</p> <p>1 Q Only that they came up with the wrong</p> <p>2 conclusion; right?</p> <p>3 A Correct.</p> <p>4 Q And this assessment, like IARC, was</p> <p>5 based on talc -- cosmetic-grade talc and not on</p> <p>6 potential impurities such as asbestos. Is that</p> <p>7 also your understanding?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A That is my understanding. So, you</p> <p>11 know, again, it's -- it's the same epi data. The</p> <p>12 epi data is focused on talcum powder. So that --</p> <p>13 that applies here, too.</p> <p>14 MS. THOMPSON:</p> <p>15 Q And is it your understanding that the</p> <p>16 human health portion of the Health Canada</p> <p>17 assessment went through a peer-review process?</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 MS. THOMPSON:</p> <p>21 Q With external reviewers.</p> <p>22 A I didn't see that described.</p> <p>23 Q So you don't know one way or the other</p> <p>24 whether it went through a review process?</p>	<p style="text-align: right;">Page 189</p> <p>1 Q Okay.</p> <p>2 A And the public comment period, of</p> <p>3 course, is just a governmental response.</p> <p>4 Q Do you know if Johnson & Johnson has</p> <p>5 submitted comments to Health Canada?</p> <p>6 MS. CURRY:</p> <p>7 Object to the form.</p> <p>8 A Not that I know of.</p> <p>9 MS. THOMPSON:</p> <p>10 Q Have you submitted comments to Health</p> <p>11 Canada --</p> <p>12 A No.</p> <p>13 Q -- with your opinions?</p> <p>14 A No.</p> <p>15 Q Do you intend to submit any opinions to</p> <p>16 Health Canada?</p> <p>17 A I doubt it.</p> <p>18 Q You are -- are you aware that talc used</p> <p>19 as a dry powder lubricant on condoms was</p> <p>20 substituted with cornstarch in the 1990s?</p> <p>21 A I believe I am familiar with that.</p> <p>22 Q Do you know why?</p> <p>23 A No.</p> <p>24 Q Do you know that dusting diaphragms,</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 190</p> <p>1 the practice of dusting diaphragms with talcum 2 powder was abandoned approximately the same time? 3 MS. CURRY: 4 Object to the form. 5 A Yes. 6 MS. THOMPSON: 7 Q Do you know why? 8 A No. 9 Q Was it for concerns about inflammatory 10 and cancer effects? 11 MS. CURRY: 12 Object to the form. 13 A Could have been. I don't -- can't 14 quote that. 15 MS. THOMPSON: 16 Q Were you aware that FDA banned -- has 17 banned powder examination and surgical gloves? 18 A Yes. 19 Q Do you know why? 20 A That was based upon the concern about 21 the generation of fibrosis. 22 Q And other inflammatory processes in 23 the -- in the peritoneal cavity? 24 MS. CURRY:</p>	<p style="text-align: right;">Page 192</p> <p>1 Q Are you aware of the differences 2 between cornstarch and talc? 3 MS. CURRY: 4 Object to the form. 5 A In terms of biochemical and physical 6 differences? 7 MS. THOMPSON: 8 Q Sure. Let's start there. 9 A Yeah. I don't think I can list them 10 all. But certainly cornstarch is a biologic 11 agent, it's a carbohydrate, and talc is a 12 mineral. 13 We've already talked a little bit about 14 the size of particles in talcum powder and it's 15 exceedingly variable. So it's a little hard to 16 compare those two particles. But I would think 17 that starch would be more homogeneous and of a 18 different size. 19 And then, you know, biochemical 20 differences are substantial. I mean, this is a 21 carbohydrate, which can be broken down by certain 22 enzymes, has, you know, a firm structure to it. 23 Talc, as a mineral, forms suspensions. 24 It is not soluble. Starch is more soluble. So</p>
<p style="text-align: right;">Page 191</p> <p>1 Object to the form. 2 A I would define -- I would define that 3 as fibrosis, if not inflammatory. 4 MS. THOMPSON: 5 Q Do you consider granulomas an 6 inflammatory response? 7 A It's in the characterization of chronic 8 inflammation, yes. 9 Q Are adhesions an inflammatory response? 10 A Not necessarily. 11 Q And they would be an acute response 12 if -- if they were caused by an inflammatory 13 reaction? 14 MS. CURRY: 15 Object to the form. 16 A So adhesions are, you know, essentially 17 scar tissue and fibrosis. The etiology of it is 18 pretty broad. Some of it could be chronic 19 inflammation. Some of it could be acute 20 inflammation. And I would not even rule out the 21 possibility that general wound healing would give 22 rise to scar tissue. And that may not 23 necessarily fit the criteria of inflammation. 24 MS. THOMPSON:</p>	<p style="text-align: right;">Page 193</p> <p>1 there's differences. 2 Q So, in general terms, cornstarch would 3 typically be absorbed or metabolized by the body? 4 MS. CURRY: 5 Object to the form. 6 MS. THOMPSON: 7 Q Would you agree? 8 A Absorbed or -- there's -- it would 9 certainly be more likely, I think, than a 10 mineral, yeah. 11 Q Whereas the mineral, once it's there, 12 is expected to remain there; correct? 13 MS. CURRY: 14 Object to the form. 15 A It's a little hard to tell because then 16 there are other mechanisms remove particulate 17 matters; right? So macrophages come along and 18 they phagocytize them. That macrophage then may 19 travel somewhere else and then essentially 20 deposit it in a way that the mineral -- the 21 mineral particle could be removed. So -- so it's 22 a little bit complex. 23 MS. THOMPSON: 24 Q Can inhaled talc particles appear in</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 194</p> <p>1 distant organs?</p> <p>2 A So there is some data, I believe, in</p> <p>3 animal studies that high concentrations of talc,</p> <p>4 either in the pleural cavity or in intratracheal</p> <p>5 injections can end up in what --</p> <p>6 And I think I put them in the expert</p> <p>7 report; for instance, the spleen.</p> <p>8 Q And ovaries? Can they occur in the</p> <p>9 ovaries?</p> <p>10 A So if you look at the literature -- you</p> <p>11 know, and I went through in pretty big detail --</p> <p>12 nobody's looked. So there's no reproductive</p> <p>13 organs in any of those studies. At least the</p> <p>14 ones that I have looked at. So I don't think we</p> <p>15 know, and I don't think we could assume that.</p> <p>16 Q Can talc fibers enter the peritoneal</p> <p>17 cavity?</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 A Again, we're back to this mineral</p> <p>21 structure, and I'm not going to be able to</p> <p>22 comment on that.</p> <p>23 MS. THOMPSON:</p> <p>24 Q And how about asbestos fibers?</p>	<p style="text-align: right;">Page 196</p> <p>1 know that.</p> <p>2 Q So you know -- you -- we know that</p> <p>3 asbestos fibers can reach the peritoneal cavity;</p> <p>4 correct?</p> <p>5 A Yes.</p> <p>6 Q And -- and let me just understand</p> <p>7 you -- what you're opining today is that we just</p> <p>8 don't know how they get there?</p> <p>9 MS. CURRY:</p> <p>10 Object to the form.</p> <p>11 A I don't know. So -- so I think one of</p> <p>12 the hypotheses that -- after asbestos -- again,</p> <p>13 I'm not -- I wasn't asked to explore asbestos in</p> <p>14 great detail. This is more my medical training</p> <p>15 speaking.</p> <p>16 But as people inhaled asbestos, these</p> <p>17 particles would work their way out into the</p> <p>18 pleural cavity --</p> <p>19 MS. THOMPSON:</p> <p>20 Q So --</p> <p>21 A -- which is where they would do their</p> <p>22 badness. And then, there is a hypothesis</p> <p>23 connection between the pleural cavity and the</p> <p>24 peritoneal cavity.</p>
<p style="text-align: right;">Page 195</p> <p>1 A Well, asbestos exposure can, of course,</p> <p>2 give rise to mesothelioma and can give rise to</p> <p>3 peritoneal mesotheliomas. So it's got to get</p> <p>4 there from somewhere.</p> <p>5 Q Do you have an opinion as to whether</p> <p>6 asbestos fibers can get to the peritoneal cavity</p> <p>7 through peritoneal exposure and migration through</p> <p>8 the genital tract?</p> <p>9 MS. CURRY:</p> <p>10 Object to the form.</p> <p>11 A I don't have any data on that.</p> <p>12 MS. THOMPSON:</p> <p>13 Q So you have no opinion.</p> <p>14 A I would say analogous with the</p> <p>15 migration data that there's not a lot of evidence</p> <p>16 things are migrating retrograde. So -- and I</p> <p>17 think -- although I don't think those experiments</p> <p>18 have been done with asbestos in mind -- and we</p> <p>19 know that asbestos can travel with high</p> <p>20 insulation [sic] -- you know, inhalation of</p> <p>21 asbestos can get in the pleural cavity. It gets</p> <p>22 there from somewhere. It's got to be inside the</p> <p>23 lung. It has to get out in the pleural cavity,</p> <p>24 and then again, the peritoneal cavity. So we</p>	<p style="text-align: right;">Page 197</p> <p>1 Q So direct penetration of the fiber</p> <p>2 through the pleura?</p> <p>3 A The diaphragm's are pretty secure</p> <p>4 structures, so it's a little bit -- I can't say,</p> <p>5 hey, here's the pathway. But that's the</p> <p>6 supposition.</p> <p>7 Q Okay.</p> <p>8 A Okay.</p> <p>9 Q Do you -- are you aware of any</p> <p>10 epidemiologic or other studies that have linked</p> <p>11 the use of perineal cornstarch with ovarian</p> <p>12 cancer?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A Perineal cornstarch with ovarian</p> <p>16 cancer?</p> <p>17 MS. THOMPSON:</p> <p>18 Q Correct. Let me phrase that</p> <p>19 differently just so it's clear.</p> <p>20 A Okay.</p> <p>21 Q Are you aware of any studies that link</p> <p>22 the perineal use of cornstarch products with</p> <p>23 ovarian cancer?</p> <p>24 MS. CURRY:</p>

50 (Pages 194 to 197)

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 198</p> <p>1 Object to the form.</p> <p>2 A Therapeutically or just accidentally?</p> <p>3 MS. THOMPSON:</p> <p>4 Q Um -- as a substitute for talcum</p> <p>5 powder. If a woman is using corn -- a</p> <p>6 cornstarch-based perineal dusting powder, are you</p> <p>7 aware of any studies that have linked that usage</p> <p>8 to ovarian cancer?</p> <p>9 A Not that I -- no.</p> <p>10 Q Do you agree that -- I might go ahead</p> <p>11 and go back to that -- that -- the FDA, mark it</p> <p>12 as --</p> <p>13 A The letter?</p> <p>14 Q The letter.</p> <p>15 I know. But I don't have my stickers.</p> <p>16 MS. THOMPSON:</p> <p>17 My fault; not yours.</p> <p>18 THE COURT REPORTER:</p> <p>19 Okay.</p> <p>20 MS. THOMPSON:</p> <p>21 Shall we do another few just to get us</p> <p>22 to lunch?</p> <p>23 THE COURT REPORTER:</p> <p>24 I forget what number we're on.</p>	<p style="text-align: right;">Page 200</p> <p>1 summary on the following page, one, purpose and</p> <p>2 coverage of the final rule, and the last</p> <p>3 paragraph -- or the last sentence of the first</p> <p>4 paragraph says, "However, the use of powder on</p> <p>5 medical gloves presents numerous risks to</p> <p>6 patients and healthcare workers, including</p> <p>7 inflammation, granulomas and respiratory allergic</p> <p>8 reaction."</p> <p>9 Does that at least state what the FDA</p> <p>10 considers the reasons for the removal of talcum</p> <p>11 powder from surgical gloves?</p> <p>12 A Yes, it does.</p> <p>13 Q Are you aware that Health Canada</p> <p>14 determined that the migration of talc particles</p> <p>15 to the ovaries from perineal use was a plausible</p> <p>16 or is a plausible mechanism for the detection of</p> <p>17 talc in the ovaries?</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 A I believe they did. You're --</p> <p>21 MS. THOMPSON:</p> <p>22 Q And you -- do you disagree with the</p> <p>23 determination that Health Canada reached</p> <p>24 regarding the -- the migration of talc particles</p>
<p style="text-align: right;">Page 199</p> <p>1 MS. THOMPSON:</p> <p>2 We're on --</p> <p>3 MS. EVERETT:</p> <p>4 14.</p> <p>5 MS. THOMPSON:</p> <p>6 14.</p> <p>7 (DEPOSITION NUMBER 14 WAS</p> <p>8 MARKED FOR IDENTIFICATION.)</p> <p>9 MS. THOMPSON:</p> <p>10 Q I'm going to go ahead and mark the FDA</p> <p>11 announcement on the banning of -- of talcum</p> <p>12 powder just so we can see what they actually did</p> <p>13 say about the reasons.</p> <p>14 And --</p> <p>15 A This is for gloves. For gloves.</p> <p>16 Surgical gloves.</p> <p>17 Q Examination and surgical gloves.</p> <p>18 A Yeah.</p> <p>19 Q And just in the bottom part of the</p> <p>20 right-hand side of the first page, "Banned</p> <p>21 Devices; Powdered Surgeon's Gloves, Powdered</p> <p>22 Patient Examination Gloves, and Absorbable Powder</p> <p>23 For Lubricating on a Surgeon's Glove."</p> <p>24 And if you'll turn to the executive</p>	<p style="text-align: right;">Page 201</p> <p>1 to the ovaries being a plausible mechanism for</p> <p>2 the detection of talc in ovaries?</p> <p>3 A Yes, I do.</p> <p>4 Q In your report, you state that the</p> <p>5 migration is contrary to basic anatomy and common</p> <p>6 sense, I believe.</p> <p>7 Do you still hold that opinion?</p> <p>8 A Where are you reading? Back to my</p> <p>9 report?</p> <p>10 Q I have to get your report out.</p> <p>11 A Yeah. That's get that out there.</p> <p>12 Q His expert report.</p> <p>13 And in the -- under "Migration" on page</p> <p>14 5, "Supposed Presence of Talc in Ovaries."</p> <p>15 A Ah. Okay. Yep.</p> <p>16 Q And Health Canada's conclusion was that</p> <p>17 the migration of talc particles to the ovaries</p> <p>18 from perineal use is a plausible mechanism for</p> <p>19 the detection of talc to the ovaries.</p> <p>20 But at least your opinion is that the</p> <p>21 presence of talc in the ovaries cannot be</p> <p>22 explained by migration. Is that right?</p> <p>23 A Well, the studies that I looked at here</p> <p>24 mostly are the presence of talc in cancer of the</p>

Michael Birrer, M.D., Ph.D.

Page 202	Page 204
<p>1 ovary, and there were some control patients, I</p> <p>2 believe, with breast cancer where they looked at</p> <p>3 the ovary.</p> <p>4 And these -- these studies have been</p> <p>5 around for a while. I've reviewed them multiple</p> <p>6 times, and they're just seriously flawed, from my</p> <p>7 perspective. So I don't know that you can</p> <p>8 conclude that. But these are -- these are just</p> <p>9 the studies that show the presence of talc in</p> <p>10 specimens. It's not the next line of evidence,</p> <p>11 which is actual variety of human -- human</p> <p>12 experiments, if you will, which are also</p> <p>13 seriously flawed.</p> <p>14 So, you know, I essentially reviewed</p> <p>15 all of that and came to the conclusion you can't</p> <p>16 conclude anything. There's no convincing data.</p> <p>17 Health Canada came to a different conclusion.</p> <p>18 Q And is that because Health Canada got</p> <p>19 it wrong again, or is that because scientists can</p> <p>20 come to different conclusions when reviewing the</p> <p>21 same data?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A Based on my review on this, they got it</p>	<p>1 A I think they were mystified and they</p> <p>2 tried to argue that the reason why they found</p> <p>3 talc in everybody --</p> <p>4 MS. THOMPSON:</p> <p>5 Q Dr. Birrer, sorry.</p> <p>6 My question was: Do you know what the</p> <p>7 authors concluded?</p> <p>8 A I'm saying it.</p> <p>9 Q That's "yes" or "no."</p> <p>10 A Oh.</p> <p>11 Q Do you know what the authors concluded?</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 A Yes.</p> <p>15 MS. THOMPSON:</p> <p>16 Q What did the authors conclude?</p> <p>17 A So I think they were mystified. And</p> <p>18 so --</p> <p>19 Q No. Did the authors -- where do you</p> <p>20 see in the paper that the authors were mystified?</p> <p>21 A Because --</p> <p>22 MS. CURRY:</p> <p>23 Let him finish and don't cut him off.</p> <p>24 MS. THOMPSON:</p>
Page 203	Page 205
<p>1 wrong.</p> <p>2 MS. THOMPSON:</p> <p>3 Q Regarding the Heller paper --</p> <p>4 A Uh-huh.</p> <p>5 Q -- let's just go back to your report.</p> <p>6 Do you know what the Heller authors</p> <p>7 concluded from their study?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A Do you --</p> <p>11 MS. THOMPSON:</p> <p>12 Q This is the paper regarding the talc</p> <p>13 presence in --</p> <p>14 A Right.</p> <p>15 Q -- ovaries from the Heller paper.</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 A So just to summarize real quick --</p> <p>19 MS. THOMPSON:</p> <p>20 Q No. Not asking that question.</p> <p>21 Do you know what the Heller authors</p> <p>22 concluded on the basis of their study?</p> <p>23 MS. CURRY:</p> <p>24 Object to the form.</p>	<p>1 Not when he's not answering my</p> <p>2 question.</p> <p>3 THE WITNESS:</p> <p>4 Well, I --</p> <p>5 MS. CURRY:</p> <p>6 He's trying to answer it. You keep</p> <p>7 cutting him off at every word.</p> <p>8 MS. THOMPSON:</p> <p>9 I asked where in the paper did the</p> <p>10 authors say they were mystified, and he needs to</p> <p>11 explain that.</p> <p>12 MS. CURRY:</p> <p>13 You haven't even marked the paper. You</p> <p>14 are asking him based on his expert report, and</p> <p>15 he's --</p> <p>16 MS. THOMPSON:</p> <p>17 I didn't ask him on the basis of his</p> <p>18 expert report. I asked him on the basis of his</p> <p>19 knowledge.</p> <p>20 I'll mark the Heller paper 15.</p> <p>21 (DEPOSITION EXHIBIT NUMBER 15 WAS</p> <p>22 MARKED FOR IDENTIFICATION.)</p> <p>23 MS. THOMPSON:</p> <p>24 Q Do you see anywhere in the paper that</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 206</p> <p>1 the authors were mystified? Yes or no?</p> <p>2 A I think they were confused by the lack</p> <p>3 of association.</p> <p>4 Q Do you see where the authors were</p> <p>5 mystified?</p> <p>6 MS. CURRY:</p> <p>7 Object to the form.</p> <p>8 MS. THOMPSON:</p> <p>9 Q There's nowhere where the authors say</p> <p>10 they were mystified, is there, Dr. Birrer?</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 MS. THOMPSON:</p> <p>14 Q I'll withdraw the question.</p> <p>15 A Okay.</p> <p>16 Q Let's just go to the conclusions.</p> <p>17 "Conclusions: The detection of talc in</p> <p>18 all ovaries demonstrates that it can reach the</p> <p>19 upper genital tract."</p> <p>20 Is that what the authors of the Heller</p> <p>21 paper conclude?</p> <p>22 A Yes.</p> <p>23 Q And yet you're critical of the</p> <p>24 plaintiffs' experts because they conclude the</p>	<p style="text-align: right;">Page 208</p> <p>1 Q Is that your opinion?</p> <p>2 A Say that again.</p> <p>3 Q It's not that scientists can come to</p> <p>4 different conclusions. It's that the 12 experts</p> <p>5 who state the same conclusions as the authors of</p> <p>6 the paper are wrong and you're right?</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 MS. THOMPSON:</p> <p>10 Q Is that a correct statement?</p> <p>11 A Correct.</p> <p>12 Q One of your criticisms of the Cramer</p> <p>13 paper from 2007 that detected talc in lymph nodes</p> <p>14 was that it was a case report; correct?</p> <p>15 A Correct.</p> <p>16 Q And you've published with Dr. Cramer;</p> <p>17 correct?</p> <p>18 A I don't think I'm on papers with</p> <p>19 Dr. Cramer.</p> <p>20 Q And have you seen the paper that was</p> <p>21 published recently of a series of cases in which</p> <p>22 talc was detected in the lymph nodes?</p> <p>23 MS. CURRY:</p> <p>24 Object to the form.</p>
<p style="text-align: right;">Page 207</p> <p>1 same thing that the authors of the paper</p> <p>2 conclude; right?</p> <p>3 MS. CURRY:</p> <p>4 Object to the form.</p> <p>5 MS. THOMPSON:</p> <p>6 Q In fact, I -- well, go ahead and</p> <p>7 answer.</p> <p>8 A Well, I'm critical of the paper and the</p> <p>9 experts who agreed with it.</p> <p>10 Q And I -- I think there were no fewer</p> <p>11 than 12 experts that you think were wrong on</p> <p>12 this; right?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A If that's the number of experts that</p> <p>16 agreed to it, then, yeah. I agree on that.</p> <p>17 MS. THOMPSON:</p> <p>18 Q And it's not that scientists can come</p> <p>19 to different conclusions. It's that 12 experts</p> <p>20 who state the same conclusions as the authors of</p> <p>21 the paper are wrong and you're right?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 MS. THOMPSON:</p>	<p style="text-align: right;">Page 209</p> <p>1 A Do you have an author?</p> <p>2 MS. THOMPSON:</p> <p>3 Q Same authors.</p> <p>4 A So Dr. Cramer --</p> <p>5 Q The lead author is McDonald, but from</p> <p>6 Cramer's lab --</p> <p>7 A I have seen it.</p> <p>8 Q -- and Welch. You've seen it?</p> <p>9 A Uh-huh.</p> <p>10 Q And is it your understanding that the</p> <p>11 authors -- I'll mark the McDonald paper Exhibit</p> <p>12 16.</p> <p>13 (DEPOSITION EXHIBIT NUMBER 16 WAS</p> <p>14 MARKED FOR IDENTIFICATION.)</p> <p>15 MS. THOMPSON:</p> <p>16 Q Is it your understanding that the</p> <p>17 authors specifically controlled for any</p> <p>18 possibility of contamination?</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 A No. That's not my understanding.</p> <p>22 MS. THOMPSON:</p> <p>23 Q Well, it's in the abstract, if we can</p> <p>24 get -- delve deeper if we need to. The authors</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 210</p> <p>1 said that since talc can be a surface contaminant</p> <p>2 from tissue collection preparation, digestion</p> <p>3 measurements may be influenced by contamination.</p> <p>4 Instead, because they preserve anatomic landmarks</p> <p>5 and permit identification of particles in cells</p> <p>6 and tissues polarized light microscopy and in</p> <p>7 situ SEM-EDX are recommended to assess talc in</p> <p>8 lymph nodes.</p> <p>9 And that's the methodology that the</p> <p>10 authors, the researchers, performed to assure</p> <p>11 themselves that this finding was not due to</p> <p>12 contamination; right?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A You are reading correctly.</p> <p>16 MS. THOMPSON:</p> <p>17 Q I didn't even read that.</p> <p>18 A Oh.</p> <p>19 Q I came up with that --</p> <p>20 A Oh. I thought you were looking at the</p> <p>21 paper.</p> <p>22 Q Well, I must be right, then.</p> <p>23 A I mean, they -- they observe -- I read</p> <p>24 this -- I'll read it. "In conclusion, talc</p>	<p style="text-align: right;">Page 212</p> <p>1 MS. CURRY:</p> <p>2 Object to the form.</p> <p>3 A So they -- they observe -- they observe</p> <p>4 large amounts of contamination. They argue that</p> <p>5 with their technology, they can tell whether some</p> <p>6 is surface and some is internal, in lymph nodes.</p> <p>7 MS. THOMPSON:</p> <p>8 Q And they determined that some was</p> <p>9 internal; right?</p> <p>10 A I believe so.</p> <p>11 Q Probably have another, what, five</p> <p>12 minutes and then lunch, or I can do it after we</p> <p>13 come back.</p> <p>14 MS. CURRY:</p> <p>15 Is that okay with you?</p> <p>16 A That's okay.</p> <p>17 MS. CURRY:</p> <p>18 Is that okay with the court reporter?</p> <p>19 THE COURT REPORTER:</p> <p>20 That's fine. Yes.</p> <p>21 THE WITNESS:</p> <p>22 You all right? I'll stop mumbling.</p> <p>23 MS. THOMPSON:</p> <p>24 Q Okay. I want to go over just a few of</p>
<p style="text-align: right;">Page 211</p> <p>1 contamination in the surface of surgical</p> <p>2 pathology specimens of is common."</p> <p>3 Q Except -- and I didn't have a question</p> <p>4 on the table.</p> <p>5 A Okay.</p> <p>6 Q So I'll object to that as being</p> <p>7 nonresponsive to a question.</p> <p>8 Except the whole purpose of this study</p> <p>9 was to, number one, expand on the case report</p> <p>10 that was published earlier; right?</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A I don't see that. It's another study.</p> <p>14 MS. THOMPSON:</p> <p>15 Q Okay.</p> <p>16 A Yeah.</p> <p>17 Q But this had a series of 22 cases;</p> <p>18 right?</p> <p>19 A Twenty-two cases, correct.</p> <p>20 Q And -- and the authors concluded that</p> <p>21 by -- by using the techniques that they used in</p> <p>22 this pap- -- in this paper, they could confirm</p> <p>23 that the -- the talc in the lymph nodes was not</p> <p>24 surface contamination. Right?</p>	<p style="text-align: right;">Page 213</p> <p>1 your criticisms of plaintiffs' experts. And</p> <p>2 let's start with Dr. Clarke-Pearson. I believe</p> <p>3 that you have met Dr. Clarke-Pearson and know him</p> <p>4 by reputation, at least; correct?</p> <p>5 A I have.</p> <p>6 Q He's a past president, I believe, of</p> <p>7 SGO; correct?</p> <p>8 A Correct.</p> <p>9 Q And department chair at University of</p> <p>10 North Carolina, recently retired; correct?</p> <p>11 A Correct.</p> <p>12 Q And -- and you actually wrote the</p> <p>13 criticism here of Dr. Clarke-Pearson?</p> <p>14 A Correct.</p> <p>15 Q And that's your language?</p> <p>16 A Uh-huh.</p> <p>17 Q Okay. Let's just read through that.</p> <p>18 "Dr. Clarke-Pearson analogizes to the migration</p> <p>19 of sperm" -- and this is considering the</p> <p>20 migration of talc particles -- "into tubes after</p> <p>21 coitus. It is rather surprising to hear this</p> <p>22 from a gynecological oncologist."</p> <p>23 Did you look at Dr. Clarke-Pearson's</p> <p>24 references?</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 214</p> <p>1 A I looked at his expert report. 2 Q Including his references? 3 A I probably would have paged through it, 4 yeah. Yep. 5 Q "The obvious difficulty with this line 6 of reasoning is the fact that spermatozoa are 7 motile and have evolved under millions of years 8 to be able to migrate under their own control to 9 increase the potential to fertilize the egg. 10 This mode of transport is not consistent with a 11 talc particle." 12 Did you look at Dr. Pearson's citation 13 that describes the movement of dead sperm and 14 talc particles through that upper genital tract? 15 MS. CURRY: 16 Object to the form. 17 A Yeah. I didn't see the -- I didn't see 18 the reference on dead sperm. But -- 19 MS. THOMPSON: 20 Q If -- if there was a reference that 21 dead sperm moved through and moved through quite 22 easily, then your statement that it's not 23 analogous because spermatozoa are motile is 24 incorrect, isn't it?</p>	<p style="text-align: right;">Page 216</p> <p>1 A Are they dead dead or -- 2 Q Do you think dead sperm may be motile? 3 Do you know any -- too much about reproductive 4 physiology? 5 MS. CURRY: 6 Object to the form. 7 A A fair amount, yeah. 8 MS. THOMPSON: 9 Q And you don't know whether dead sperm 10 would be motile or not? 11 A So how are you defining that? 12 They're -- they're -- they've decayed? They're 13 broken down -- 14 Q Yes. 15 A -- or the flagella is not moving? 16 Q The flagella is not moving in a dead 17 sperm. 18 A Okay. 19 Q Is it? 20 A I guess as you are specifically 21 defining -- 22 Q Are you arguing me -- with me? 23 A Can I answer? 24 MS. CURRY:</p>
<p style="text-align: right;">Page 215</p> <p>1 MS. CURRY: 2 Object to the form. 3 A Well, I have to see the paper, and I 4 don't know the details. 5 MS. THOMPSON: 6 Q Assume with me that there is evidence 7 published in the peer-reviewed literature that 8 dead sperm and sperm particles move through the 9 upper genital tract, then your statement that 10 it's not analogous because spermatozoa are motile 11 would be incorrect; right? 12 MS. CURRY: 13 Object to the form. 14 A So these sperm would be put on the 15 perineum like a dusting? 16 MS. THOMPSON: 17 Q No. 18 A Okay. 19 Q I'm just saying it's -- your statement 20 that that is the reason would be incorrect. 21 A I -- so -- 22 Q Are -- are dead sperm motile? 23 A I don't actually know. They -- 24 Q You're --</p>	<p style="text-align: right;">Page 217</p> <p>1 I'm sorry. You can each just take 2 turns. Just please let her get her question out. 3 MS. THOMPSON: 4 Q Do you not know whether dead sperm 5 would be motile or not? 6 A I would think most of the time they 7 would not be motile. 8 Q Okay. And would you agree that a sperm 9 particle -- for example, if the flagellum is 10 broken off, would you agree that would not be 11 motile, a sperm particle? 12 MS. CURRY: 13 Object to the form. 14 A Motile, moving under its own -- 15 MS. THOMPSON: 16 Q Moving on its own. 17 A Yeah. I think it's unlikely. 18 Q Do you know the size of the head of a 19 sperm? 20 A No. 21 Q If the reason that Dr. Clarke-Pearson 22 was incorrect referencing dead and -- dead sperm 23 and sperm particles moving through the upper 24 genital tract could be relevant to a talc</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 218</p> <p>1 particle. If your reason for saying that opinion 2 is incorrect is that sperm are motile, then that 3 reasoning is incorrect, isn't it? 4 MS. CURRY: 5 Object to the form. 6 A Well, I think in the way it's expressed 7 here, that, obviously, it doesn't mean -- I mean, 8 it makes no sense to apply to spermatozoa, which 9 are mobile. But if you're telling me there's a 10 reference for dead sperm, then the question 11 becomes what's in that reference? So these -- 12 MS. THOMPSON: 13 Q Okay. 14 A -- dead sperm were deposited into the 15 uterus after coitus and -- 16 Q We're just talking -- we're not talking 17 about coitus. 18 Is it plausible to you -- 19 A Okay. 20 Q -- that a woman who has talcum on her 21 perineum -- 22 A Uh-huh. 23 Q -- could have coitus and the talcum 24 powder on the perineum could be placed in the</p>	<p style="text-align: right;">Page 220</p> <p>1 Object to the form. 2 A Yeah, I don't know what -- 3 MS. THOMPSON: 4 Q Those are your words. Are 5 Dr. Clarke-Pearson's opinions contrary to 6 knowledge of basic anatomy? 7 MS. CURRY: 8 Object to the form. 9 A Where are you reading? 10 MS. THOMPSON: 11 Q Well, for right now I was just in the 12 first paragraph of "Hypothesized migration of 13 talc to ovaries." 14 A What page? Is it on my report? 15 Q Page 7. 16 A Okay. 17 Oh. So you're relating that statement 18 to Clarke-Pearson? 19 Q Well, I believe you say that all the 20 experts have -- have a theory that's contrary to 21 basic anatomy and common sense. 22 A No. What that refers to, I think, is 23 the fact that you're putting -- you're dusting 24 the perineum many times, most of the times, in a</p>
<p style="text-align: right;">Page 219</p> <p>1 vagina forcefully? Is that plausible? 2 A I don't have any data on that. 3 Q Do you have to have data to say whether 4 or not that's plausible? 5 A I am a scientist. 6 Q Well, maybe take off your scientist 7 hat. Is it plausible that a woman who has talcum 8 powder on her perineum and has sex, that the 9 talcum powder could be forced into the vagina? 10 MS. CURRY: 11 Object to the form. 12 MS. THOMPSON: 13 Q Is it plausible? 14 A Sexual intercourse? 15 Q Sexual intercourse, yes. 16 A Yes. Just getting specifics. 17 Yeah. I mean, I -- I think the way 18 you're hypothesizing it, I suppose there's a 19 possibility. 20 Q So if those things are possible and 21 plausible, then you really don't think 22 Dr. Clarke-Pearson's opinions are unreasonable 23 and -- and are contrary to basic anatomy, do you? 24 MS. CURRY:</p>	<p style="text-align: right;">Page 221</p> <p>1 woman who's vertical, and this concept is that 2 somehow that talc and dust essentially ascends 3 into the ovary. And I think that more often than 4 not lacks common sense and basic anatomy because 5 of what I just said. 6 Now, if you want to go through each 7 individual study, I'm happy to do that because 8 there are methodologic flaws in them. But that 9 statement does not relate directly to 10 Dr. Clarke-Pearson. If it did, it would be under 11 his name. 12 Q But you talk generally about 13 plaintiffs' experts, too. And do you think that 14 you have a better understanding of female anatomy 15 than Dr. Clarke-Pearson? 16 MS. CURRY: 17 Object to the form. 18 A Dr. Clarke-Pearson's pretty good with 19 female anatomy. 20 MS. THOMPSON: 21 Q Do you think you have a better 22 understanding than Dr. Clarke-Pearson of female 23 reproductive physiology? 24 MS. CURRY:</p>

56 (Pages 218 to 221)

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 222</p> <p>1 Object to the form.</p> <p>2 A No. I think he would be more versed in</p> <p>3 that.</p> <p>4 MS. THOMPSON:</p> <p>5 Q And -- and you've just testified that</p> <p>6 we're not just talking about a woman standing up</p> <p>7 and putting dusting powder and the ascension. We</p> <p>8 are talking about the possibility, in your words,</p> <p>9 that powder could be on the perineum and</p> <p>10 introduced in the vagina forcefully with sexual</p> <p>11 intercourse; right?</p> <p>12 A Well, yes --</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A We just had that conversation. I mean,</p> <p>16 again, it's hypothetical. Yeah.</p> <p>17 MS. THOMPSON:</p> <p>18 Q Okay. Agreed. I mean, I agree that's</p> <p>19 your opinion.</p> <p>20 And how about a woman who applies</p> <p>21 talcum powder to a sanitary napkin? Is it</p> <p>22 possible that the talcum powder would be</p> <p>23 introduced in the vagina through menstrual flow?</p> <p>24 A Through menstrual --</p>	<p style="text-align: right;">Page 224</p> <p>1 Q Do you think he would know it, what's</p> <p>2 published in literature?</p> <p>3 MS. CURRY:</p> <p>4 Object to the form.</p> <p>5 A He might.</p> <p>6 MS. THOMPSON:</p> <p>7 Q So you're certainly not opining today</p> <p>8 that you have a better understanding than</p> <p>9 Dr. Clarke-Pearson of materials that can travel</p> <p>10 retrograde through the upper genital tract, do</p> <p>11 you?</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 A Oh, I disagree with that.</p> <p>15 MS. THOMPSON:</p> <p>16 Q You think you do have a better</p> <p>17 understanding than Dr. Clarke-Pearson regarding</p> <p>18 whether or not particles can travel through the</p> <p>19 upper genital tract?</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 A Based upon my analysis of these papers,</p> <p>23 yes.</p> <p>24 MS. THOMPSON:</p>
<p style="text-align: right;">Page 223</p> <p>1 MS. CURRY:</p> <p>2 Object to the form.</p> <p>3 A Not that I know of. I don't have any</p> <p>4 data for that.</p> <p>5 MS. THOMPSON:</p> <p>6 Q Is that -- you don't think it's</p> <p>7 possible?</p> <p>8 A Again, from -- from -- it's</p> <p>9 interesting. So if menstrual flow coming out of</p> <p>10 the vagina with a sanitary napkin, the talc then</p> <p>11 gets into the vagina up to the ovaries. It</p> <p>12 doesn't make a lot of sense to me.</p> <p>13 Q What percentage of women have</p> <p>14 retrograde menstruation on a -- on a given</p> <p>15 period?</p> <p>16 A I don't understand what you mean by</p> <p>17 that.</p> <p>18 Q Do you think Dr. Clarke-Pearson</p> <p>19 probably knows that percentage?</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 A I'm sure he'd probably have an opinion</p> <p>23 on it.</p> <p>24 MS. THOMPSON:</p>	<p style="text-align: right;">Page 225</p> <p>1 Q Well, you certainly didn't know about</p> <p>2 dead sperm and sperm particles, did you?</p> <p>3 MS. CURRY:</p> <p>4 Object to the form.</p> <p>5 A Well, it's one paper.</p> <p>6 MS. THOMPSON:</p> <p>7 Q And you don't know about -- you don't</p> <p>8 know how many -- what percentage of women have</p> <p>9 retrograde menstruation, which is a classic paper</p> <p>10 in gynecology -- gynecology? You don't know that</p> <p>11 percentage, do you?</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 A I can't quote you that percentage.</p> <p>15 MS. THOMPSON:</p> <p>16 Q Do you know that women oftentimes use</p> <p>17 baby powder at bedtime?</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 A I guess that's possible.</p> <p>21 MS. THOMPSON:</p> <p>22 Q And that would not be in an upright</p> <p>23 position, would it?</p> <p>24 MS. CURRY:</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 226</p> <p>1 Object to the form.</p> <p>2 A They may have put it on in an upright</p> <p>3 position.</p> <p>4 MS. THOMPSON:</p> <p>5 Q And do you agree that women could have</p> <p>6 powder on the perineum and use a tampon?</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A I assume that's possible, yes.</p> <p>10 MS. THOMPSON:</p> <p>11 Q And wouldn't it be possible that powder</p> <p>12 on a tampon could be introduced into the vagina?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A It's possible.</p> <p>16 MS. THOMPSON:</p> <p>17 Q And what -- what did Dr. Kunz, K-U-N-Z,</p> <p>18 describe in an article regarding how particles</p> <p>19 and substances are transported to the upper</p> <p>20 genital tract?</p> <p>21 A So that's the peristaltic pump.</p> <p>22 Q And describe that for me.</p> <p>23 A Yeah. So they went and looked at the</p> <p>24 contractions -- they, first of all, tried to</p>	<p style="text-align: right;">Page 228</p> <p>1 Object to the form.</p> <p>2 A Yeah.</p> <p>3 The problem I have with that is I'm not</p> <p>4 sure what direction the pressure is in, because</p> <p>5 obviously if you give oxytocin at the time of</p> <p>6 pregnancy after the delivery, expels the</p> <p>7 placenta, so some of that pressure's going to</p> <p>8 come down.</p> <p>9 And, then, too, the radioactive studies</p> <p>10 are really problematic because a lot of times the</p> <p>11 label will come off of the microsphere. So you</p> <p>12 don't quite know where it's going.</p> <p>13 MS. THOMPSON:</p> <p>14 Q At what points in a female's -- in a</p> <p>15 woman's cycle are oxytocin levels the highest?</p> <p>16 A I can't quote you that.</p> <p>17 Q Would that be a question for</p> <p>18 Dr. Clarke-Pearson?</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 A He probably would know.</p> <p>22 MS. THOMPSON:</p> <p>23 Q And are you aware of the studies</p> <p>24 showing that not only sperm particles and dead</p>
<p style="text-align: right;">Page 227</p> <p>1 measure the pressure in the uterus based on this</p> <p>2 contraction, and they used actually ultrasound to</p> <p>3 do it, which is an indirect measure, of course.</p> <p>4 Don't know really what the pressure is.</p> <p>5 Based upon finding that, then they went</p> <p>6 on to, if I recall correctly, use micro- --</p> <p>7 radiolabeled microspheres to do -- a word I can't</p> <p>8 pronounce -- hysterosalpingoscintigraphy,</p> <p>9 whatever.</p> <p>10 Q I can't either.</p> <p>11 A Yeah. And the idea was -- if I recall</p> <p>12 correctly, the idea of that whole study was</p> <p>13 actually for -- I think fertility and pregnancy.</p> <p>14 And the idea was that they then saw this</p> <p>15 radioactivity up in the areas and drew the</p> <p>16 conclusion that there is contraction to the</p> <p>17 uterus and that they were hypothesizing that the</p> <p>18 particles then were going up the tubes of the</p> <p>19 ovaries.</p> <p>20 Q So it facilitates movement through</p> <p>21 the --</p> <p>22 A Yeah.</p> <p>23 Q -- genital tract?</p> <p>24 MS. CURRY:</p>	<p style="text-align: right;">Page 229</p> <p>1 sperm move through the upper genital tract but</p> <p>2 even motile sperm move at a much faster rate than</p> <p>3 would be predicted strictly based on their</p> <p>4 self-generated motility?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A Yeah. I actually recall seeing that in</p> <p>8 a study.</p> <p>9 MS. THOMPSON:</p> <p>10 Q Are you aware that motile sperm</p> <p>11 preferentially go to the side where ovulation has</p> <p>12 occurred?</p> <p>13 A That, I'm not -- I can't quote you</p> <p>14 that. I don't know.</p> <p>15 Q So that would probably be another</p> <p>16 question for one of the gynecologists or --</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 MS. THOMPSON:</p> <p>20 Q -- gynecologic oncologists? Would you</p> <p>21 agree?</p> <p>22 A They -- they would have that, and their</p> <p>23 OB training would provide them with that</p> <p>24 information. Yeah.</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 230</p> <p>1 Q Let's break for lunch.</p> <p>2 VIDEOGRAPHER:</p> <p>3 Off the record at 12:55 p m.</p> <p>4 (Lunch recess.)</p> <p>5 VIDEOGRAPHER:</p> <p>6 We're back on the record at 2:02 p m.</p> <p>7 MS. THOMPSON:</p> <p>8 Q Dr. Birrer, I think we established this</p> <p>9 morning that it is your opinion that the genital</p> <p>10 use of talcum powder is not a risk factor for</p> <p>11 ovarian cancer; right?</p> <p>12 A I'm sorry. Say that -- say that again.</p> <p>13 Q It's your opinion that talcum powder is</p> <p>14 not a risk factor for ovarian cancer; right?</p> <p>15 A The use of talcum powder?</p> <p>16 Q Yes.</p> <p>17 A Correct.</p> <p>18 Q Can you point me to any article -- can</p> <p>19 you point me to an article that specifically</p> <p>20 states genital talcum powder use is not a risk</p> <p>21 factor for -- for ovarian cancer?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A That genital talcum powder use is not a</p>	<p style="text-align: right;">Page 232</p> <p>1 study?</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 A No. I'd have to go through them. Do</p> <p>5 you have them?</p> <p>6 MS. THOMPSON:</p> <p>7 Q We're not gonna go through the 40</p> <p>8 studies, but --</p> <p>9 At least sitting here today, you can't</p> <p>10 think of one right offhand, can you?</p> <p>11 A I'm happy to go through the studies.</p> <p>12 Q Okay. Is it your opinion that genital</p> <p>13 talcum powder use has been proven to be a safe</p> <p>14 practice?</p> <p>15 MS. CURRY:</p> <p>16 Object to the form.</p> <p>17 A We discussed that this morning. There</p> <p>18 is no data I know that it's an unsafe practice.</p> <p>19 That's a review of the literature. And, so,</p> <p>20 it's -- I think in that context it's safe.</p> <p>21 MS. THOMPSON:</p> <p>22 Q In your previous -- or did you look at</p> <p>23 websites when you prepared your report this time</p> <p>24 regarding talcum powder exposure and the risk for</p>
<p style="text-align: right;">Page 231</p> <p>1 risk factor? I mean, if you look at the -- a lot</p> <p>2 of the case-control studies, about 40 percent of</p> <p>3 them are negative and --</p> <p>4 MS. THOMPSON:</p> <p>5 Q Well -- and by negative, you mean not</p> <p>6 statistically significant; right?</p> <p>7 A (Nods affirmatively.) Negative. And</p> <p>8 cohort studies aren't either. And -- and,</p> <p>9 actually, that -- and the cohort studies have</p> <p>10 been sort of analyzed, reanalyzed in multiple</p> <p>11 meta-analysis, and so they're all negative.</p> <p>12 Q But my question was: Did any of those</p> <p>13 studies conclude talcum powder is not a risk</p> <p>14 factor for ovarian cancer?</p> <p>15 MS. CURRY:</p> <p>16 Object to the form.</p> <p>17 A So there are studies that don't show a</p> <p>18 significant association between talcum use and --</p> <p>19 MS. THOMPSON:</p> <p>20 Q But I'm looking for --</p> <p>21 A -- and ovarian cancer.</p> <p>22 Q -- the statement that genital use of</p> <p>23 talcum is not a risk factor for ovarian cancer.</p> <p>24 Do you remember seeing that in any</p>	<p style="text-align: right;">Page 233</p> <p>1 ovarian cancer?</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 A Other than PubMed?</p> <p>5 MS. THOMPSON:</p> <p>6 Q Right.</p> <p>7 Like the American Cancer Society or NCI</p> <p>8 or any websites.</p> <p>9 A Not for this one.</p> <p>10 Q Had you looked at them before?</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A I think in the previous depositions, I</p> <p>14 reported looking at one or two of them. I'd have</p> <p>15 to go back and look at that.</p> <p>16 MS. THOMPSON:</p> <p>17 Q Okay.</p> <p>18 A Yeah.</p> <p>19 Q And I think the American Cancer Society</p> <p>20 website was one of those that you looked at.</p> <p>21 Correct?</p> <p>22 A Could be.</p> <p>23 Q I'll mark 17, American Cancer Society,</p> <p>24 Talcum Powder and Cancer.</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 234</p> <p>1 (DEPOSITION EXHIBIT NUMBER 17 2 WAS MARKED FOR IDENTIFICATION.) 3 MS. THOMPSON: 4 Q Does that look familiar? 5 A That looks like American Cancer 6 Society's website. Because I see the logo. 7 Q And -- and would you use this statement 8 on the American Cancer Society website to be 9 support for your opinion that talcum powder use 10 is not a risk factor for ovarian cancer? 11 A Is not a risk factor? Is not? 12 Q Is not. 13 A I wouldn't refer to this, no. 14 Q Do you think that's what this document 15 states? 16 A I don't think this -- it doesn't seem 17 to me, based on what the ACS is saying -- they 18 report that their findings are mixed, with some 19 studies reporting a slightly increased risk and 20 some reporting no increase. 21 Q So the American Cancer Society, on 22 their website, states that IARC has classified 23 talc that contains asbestos as carcinogenic to 24 humans; right?</p>	<p style="text-align: right;">Page 236</p> <p>1 talcum powder does not increase risk, are they? 2 MS. CURRY: 3 Object to the form. 4 A Say again. 5 MS. THOMPSON: 6 Q They're not saying that talcum powder 7 use does not increase cancer risk, do they? 8 A I don't see that stated. 9 Q And -- and they say there is some 10 suggestion of a possible increase in ovarian 11 cancer risk; right? 12 A Well, the statement I see is "It's not 13 clear if consumer products containing talcum 14 increase cancer risks." That's pretty specific. 15 Q They're saying it's not clear. It's 16 not saying it's not a risk, is it? 17 MS. CURRY: 18 Object to the form. 19 A They're saying they don't know. 20 MS. THOMPSON: 21 Q Right. And then the recommendation, by 22 the American Cancer Society, would be "Until more 23 information is available, people concerned about 24 using talcum powder may want to avoid or limit</p>
<p style="text-align: right;">Page 235</p> <p>1 A You're on page 3? 2 Q Yeah. 30 -- yeah, 3 of 6. 3 A Yeah. 4 Q And then based on the lack of data from 5 human studies and unlimited data in lab animal 6 studies, IARC classified inhaled talc not 7 containing asbestos as not classifiable; right? 8 A The second bullet? 9 Q The second bullet. 10 And then the third bullet is the IARC 11 that states that the perineal genital use of talc 12 powder -- talc-based body powder is possibly 13 carcinic- -- carcinogenic to humans. That's the 14 2B classification; right? 15 A 2B. 16 Q And then it states that the US National 17 Toxicology Program, NTB, has not fully reviewed 18 talc with or without asbestos as a possible 19 carcinogen; right? That's what it says. 20 A Correct. 21 Q And, then, as -- as you said, the ACS 22 states it's not clear if consumer products 23 containing talcum powder increase cancer risk. 24 They're certainly not saying that</p>	<p style="text-align: right;">Page 237</p> <p>1 their use of consumer products that contain it." 2 But you think any recommendation of 3 that kind is not indicated; correct? 4 MS. CURRY: 5 Object to the form. 6 A Well, it depends on how you read that. 7 I mean, I think what they're suggesting is that 8 people concerned about using talcum powder, for 9 whatever reason, may want to avoid or limit their 10 use of consumer products that contain it and 11 implies that it's the stress of knowing they're 12 using it because of what they've interpreted. It 13 doesn't really make any conclusions about talcum 14 powder. 15 MS. THOMPSON: 16 Q Are there any medical benefits that 17 you're aware of from the genital use of talcum 18 powder? 19 A Well, I think it's generally used to 20 absorb -- absorb fluid. It's -- a lot of women 21 like it. It's a body image issue. You know, so 22 I think those issues -- and again, I treat a lot 23 of women with ovarian cancer -- are important. 24 Q That wasn't my question.</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 238</p> <p>1 Are there any medical benefits to the</p> <p>2 genital use of talcum powder?</p> <p>3 MS. CURRY:</p> <p>4 Object to the form.</p> <p>5 A That is a medical use?</p> <p>6 MS. THOMPSON:</p> <p>7 Q Are there any benefits, is the</p> <p>8 question.</p> <p>9 A Yeah.</p> <p>10 MS. CURRY:</p> <p>11 Object to the form.</p> <p>12 MS. THOMPSON:</p> <p>13 Q Where are -- where are those benefits</p> <p>14 reported?</p> <p>15 A That's quality of life.</p> <p>16 Q Where in the medical literature can you</p> <p>17 show a report that describes medical benefits</p> <p>18 from the genital use of talcum powder?</p> <p>19 A Well, it's not in -- and again, I</p> <p>20 didn't review that for this expert report, so --</p> <p>21 but you're asking me.</p> <p>22 Q When you -- if you're trying to make a</p> <p>23 risk assessment, wouldn't you know if you're</p> <p>24 weighing the benefits versus the potential risks?</p>	<p style="text-align: right;">Page 240</p> <p>1 A Again, you asked me the question about</p> <p>2 do I think there's some medical benefit. I --</p> <p>3 the answer is yes. I mean --</p> <p>4 MS. THOMPSON:</p> <p>5 Q But that's never been published</p> <p>6 anywhere that you're aware of, has it?</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A As I said before, I -- I can't quote</p> <p>10 you that.</p> <p>11 MS. THOMPSON:</p> <p>12 Q Is it -- have you seen in the medical</p> <p>13 literature that there are no benefits, medical</p> <p>14 benefits from the use of talcum powder in the</p> <p>15 genital area?</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 A I don't think I've actually seen that.</p> <p>19 MS. THOMPSON:</p> <p>20 Q Would you be surprised if there are</p> <p>21 references in numerous articles that say because</p> <p>22 there are no medical benefits of talcum powder</p> <p>23 use, it's not recommended?</p> <p>24 MS. CURRY:</p>
<p style="text-align: right;">Page 239</p> <p>1 A Well, I evaluated the risks, and there</p> <p>2 are none.</p> <p>3 Q So you just evaluated the risk and</p> <p>4 it -- it wouldn't matter to you whether there</p> <p>5 were benefits or not.</p> <p>6 A Well, my benefit --</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A I'm sorry. Go ahead. I'm sorry.</p> <p>10 Yeah. My benefit would be based upon</p> <p>11 my own experience. It's not necessarily</p> <p>12 published in medical literature.</p> <p>13 MS. THOMPSON:</p> <p>14 Q Okay. Well, that would certainly be</p> <p>15 anecdotal, wouldn't it?</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 A Well, you know, I've got a lot of</p> <p>19 experience.</p> <p>20 MS. THOMPSON:</p> <p>21 Q It's still anecdotal, isn't it,</p> <p>22 Dr. Birrer?</p> <p>23 MS. CURRY:</p> <p>24 Object to the form.</p>	<p style="text-align: right;">Page 241</p> <p>1 Object to the form.</p> <p>2 A I'd be happy to -- I'd be happy to</p> <p>3 review them.</p> <p>4 MS. THOMPSON:</p> <p>5 Q Have you seen in the medical literature</p> <p>6 that cornstarch products are recommended if women</p> <p>7 choose to use a dusting powder over talcum</p> <p>8 powder?</p> <p>9 A Can you repeat that? I -- the cough.</p> <p>10 Q Have you seen in the medical literature</p> <p>11 that -- where cornstarch products are recommended</p> <p>12 if women choose to use a dusting powder over</p> <p>13 talcum powder?</p> <p>14 A You know, I haven't seen the -- I</p> <p>15 haven't seen the medical literature recommending</p> <p>16 cornstarch over talcum. But I have seen -- I've</p> <p>17 seen discussions about women who use cornstarch.</p> <p>18 Q And again, there have never been any</p> <p>19 risks that you're aware of into -- related to the</p> <p>20 genital use of cornstarch products and the link</p> <p>21 with ovarian cancer; right?</p> <p>22 A I don't know of any.</p> <p>23 Q You mentioned earlier this morning the</p> <p>24 National Academy of Science, Engineering and</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 242</p> <p>1 Medicine as a -- as a -- possibly the most 2 reputable source of credible information. 3 Would -- did I describe that sort of 4 correctly? 5 MS. CURRY: 6 Object to the form. 7 A I don't recall saying it's the most, 8 but I used it in context of comparing IARC, if I 9 recall correctly, versus some other sort of pure 10 scientific professional organization, which I 11 would include the National Academy to be that. 12 MS. THOMPSON: 13 Q Okay. Fair enough. 14 And I'm sure you're familiar with the 15 treatise -- it's actually -- came out in book 16 form -- of the study by the Institute of 17 Medicine, I believe, at that time, on ovarian 18 cancer? 19 A Yes. 20 Q Did you participate at all in that 21 study? 22 A They asked me to review it. 23 Q You were one of the reviewers? 24 A They asked me to review it.</p>	<p style="text-align: right;">Page 244</p> <p>1 Q I'll give it to you in a minute. 2 A Okay. 3 Q I just want to ask you a few questions 4 first. 5 Why did you decline to review? 6 A I was too busy. 7 Q Okay. Because it was a big book? 8 A It's monstrous. 9 Q However, several of the authors have 10 been coauthors with you on -- on papers. Is one 11 of them Dr. Karlan? 12 A I believe I've been on papers with 13 Beth. And I think Anil Sood was on there, too. 14 THE COURT REPORTER: 15 Excuse me? 16 THE WITNESS: 17 Anil Sood, S-O-O-D. 18 MS. THOMPSON: 19 Q And Ronald Alvarez -- Alvarez published 20 with you, I think? 21 A I believe so. 22 Q Dr. Karlan's published with you. 23 A (Nods affirmatively.) 24 Q Dr. Levine has published with you?</p>
<p style="text-align: right;">Page 243</p> <p>1 Q Oh. 2 A I declined. 3 Q They asked you to review it and you did 4 not review it. That explains it, because I 5 didn't see your name on the list. 6 And that was published in 2016? 7 A Uh-huh. 8 Q And what was your understanding of the 9 purpose of that study? 10 MS. CURRY: 11 Object to the form. 12 A It -- I -- you know, I think it was -- 13 this is -- it's just medicine undertakes this 14 periodically for large topics, and that was one 15 of them, to sort of summarize the state of the 16 science. 17 MS. THOMPSON: 18 Q And the -- in fact, the committee that 19 did the study was a committee on the state of the 20 science in ovarian cancer research; is that 21 correct? So you called -- 22 A This is the one by Beth Karlan? 23 Q Yeah. 24 A Yeah.</p>	<p style="text-align: right;">Page 245</p> <p>1 A Doug and I are on a couple of papers, 2 yeah. 3 Q Doug Levine? 4 A Yeah. 5 Q Dr. Odunsi, Kunle Odunsi -- 6 A Kunle. Kunle. 7 Q -- has published with you. And 8 Dr. Sood you mentioned; right? 9 And Dr. -- is it Tworoger or -- 10 A Two- -- Twerger? 11 Q -- Two- -- Twoauger? 12 A T-W-O-G-G-E-R [sic]. 13 Q Has published with you? 14 A I think so, yes. I'd have to check 15 that. 16 Q So you were, I would say, well 17 represented on the -- 18 MS. CURRY: 19 Object to the form. 20 A Well, I know them. 21 MS. THOMPSON: 22 Q -- on the author list? 23 MS. CURRY: 24 Object to the form.</p>

Michael Birrer, M.D., Ph.D.

Page 246	Page 248
<p>1 MS. THOMPSON: 2 Q And -- and I assume you would agree 3 with me that the committee to report on the state 4 of the science of ovarian cancer research was 5 selected because of their expertise in the area; 6 correct? 7 A Yes. 8 MS. CURRY: 9 Object to the form. 10 MS. THOMPSON: 11 Q And, as we mentioned, this study was 12 under the auspices of the National Academy of 13 Science, Medicine and Engineering, Institute of 14 Medicine, I believe, originally; correct? 15 A Correct. 16 Q And is it your understanding that this 17 study was also supported by the CDC? 18 A That, I don't know. 19 Q All right. Let me just go ahead and 20 give it to you. 21 A Yeah. 22 (DEPOSITION EXHIBIT NUMBER 18 WAS 23 MARKED FOR IDENTIFICATION.) 24 MS. THOMPSON:</p>	<p>1 A Correct. 2 Q The State of the Science authors state, 3 under "Inflammation," "Studies of the 4 inflammatory marker C-reactive protein suggest a 5 possible association between inflammation and 6 increased risk of ovarian cancer," citing OC and 7 Poole. 8 "Other specific inflammatory factors 9 have also been associated with ovarian cancer." 10 Do you agree that the authors of this 11 treatise reported that there's a possible 12 association between inflammation and increased 13 risk for ovarian cancer? 14 A Well, on these -- on these two 15 sentences, I think they accurately stated, 16 "suggests association." And then they refer -- I 17 don't -- these two papers, I can't directly quote 18 you. I mean -- 19 Q And I -- and I'm not -- 20 A Yeah. 21 Q -- suggesting that they do anything 22 other than suggest the possible association. 23 A Right. 24 Q I'm not trying to read more into it.</p>
Page 247	Page 249
<p>1 Q Exhibit 18 I'm marking as Ovarian 2 Cancers, Evolving Paradigms in Research and Care. 3 And this is not the entire book, but it is the 4 entire chapter that we're going to look at, which 5 is "Prevention and Early Detection," Chapter 3. 6 And if you look on page little ix, page 7 9, preface -- 8 A 9? 9? 9 Q Little nine. 10 A Yeah. 11 Q Yeah. The -- the first sentence, "This 12 congressionally mandated report sponsored by the 13 Centers For Disease Control and Prevention 14 assesses the state of research on ovarian cancers 15 from multiple perspectives and by multiple 16 disciplines." 17 So do you agree that the Center For 18 Disease Control sponsored the study? 19 A Correct. 20 Q If you'll turn to page -- I don't have 21 pages on my copy. Page 110. Under the section 22 heading "Inflammation." And this is in a larger 23 section titled "Behavioral and Inflammatory Risk 24 Factors"; correct?</p>	<p>1 A Okay. 2 Q And then they describe "A meta-analysis 3 reported that exposure to asbestos was associated 4 with a 77 percent increased risk of ovarian 5 cancer mortality," citing Carmargo. 6 Are you familiar with that paper? 7 A I am familiar with that. That's the 8 occasional exposure, if I recall correctly. 9 Q And "The International Agency For 10 Research on Cancer determined that there was 11 sufficient evidence to support a causal 12 relationship between asbestos exposure and 13 ovarian cancer." 14 So the authors of this treatise include 15 exposure to asbestos and its association with 16 ovarian cancer in the Inflammation section of -- 17 of risk factors; right? 18 A Say that again? Sorry. For asbestos? 19 Q The authors of this treatise include 20 exposure to asbestos and its association with 21 ovarian cancer in the Inflammation section of 22 risk factors; right? 23 A Correct. 24 Q They go on to say, "This has led to</p>

63 (Pages 246 to 249)

Michael Birrer, M.D., Ph.D.

Page 250	Page 252
<p>1 studies of talc use which is chemically similar</p> <p>2 to asbestos and can cause an inflammatory</p> <p>3 response."</p> <p>4 Do you agree with that statement?</p> <p>5 A I -- I actually hesitate a little on</p> <p>6 that because I'm not so sure that that's a</p> <p>7 temporal relationship, that it was the asbestos</p> <p>8 association that then led to the investigation of</p> <p>9 talc. I don't know, when Dan Cramer published</p> <p>10 his first paper, that's what was driving him.</p> <p>11 Q Do you have any other disagreement with</p> <p>12 the -- the statement other than whether it led to</p> <p>13 the studies of talc use?</p> <p>14 MS. CURRY:</p> <p>15 Object to the form.</p> <p>16 A I don't know. Again, we've covered</p> <p>17 this. I'm not a mineralogist, so I don't know</p> <p>18 the similarity issues. And inflammatory response</p> <p>19 is not defined. So other than that, it's fine.</p> <p>20 MS. THOMPSON:</p> <p>21 Q Well, the authors -- let's take out the</p> <p>22 asbestos and say "Talc can cause inflammatory</p> <p>23 response." Do you agree or disagree with that?</p> <p>24 A Well, inflammation is a broad issue and</p>	<p>1 one else anywhere in the literature to question</p> <p>2 even this, I don't agree with.</p> <p>3 MS. THOMPSON:</p> <p>4 Q Okay. So you -- so you disagree with</p> <p>5 the authors including that statement in -- in</p> <p>6 this treatise?</p> <p>7 A I just think it's not defined. They</p> <p>8 defined it, then I would have felt a lot better.</p> <p>9 Can cause granulomas inflammatory response. That</p> <p>10 would have been more accurate.</p> <p>11 Q I can understand that you think it</p> <p>12 should have been defined better.</p> <p>13 A Yeah.</p> <p>14 Q But do you agree with the statement</p> <p>15 that's in this treatise, or disagree?</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 A No opinion.</p> <p>19 MS. THOMPSON:</p> <p>20 Q But you'll agree that at least these</p> <p>21 experts thought it was worthwhile putting the</p> <p>22 statement in this State of the Science treatise</p> <p>23 on ovarian cancer published in 2016; right?</p> <p>24 MS. CURRY:</p>
Page 251	Page 253
<p>1 it's very relevant to this debate, which is are</p> <p>2 we talking granulomas, acute, chronic but</p> <p>3 nongranuloma? I think that's a big issue.</p> <p>4 Q Well, these were the authors that were</p> <p>5 selected because of their expertise to do a State</p> <p>6 of the Science treatise at the behest of the</p> <p>7 National Academy of Science and CDC.</p> <p>8 I'm just asking you do you agree with</p> <p>9 the statement "Talc can cause an inflammatory</p> <p>10 response"?</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A And -- and I'm -- I'm answering it.</p> <p>14 MS. THOMPSON:</p> <p>15 Q And you say you don't know? You can't</p> <p>16 agree or disagree? Is that what you're saying?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A The inflammation is not defined. I</p> <p>20 don't know if the similarity between asbestos and</p> <p>21 talc. So other than that, I think it's fine.</p> <p>22 But the -- the -- the implication that all of the</p> <p>23 ovarian cancer experts are on this -- on this --</p> <p>24 on this report and there are no one -- there's no</p>	<p>1 Object to the form.</p> <p>2 A Yeah. Apparently.</p> <p>3 MS. THOMPSON:</p> <p>4 Q Do you know Jason Wright?</p> <p>5 A Division head at Columbia?</p> <p>6 Q Yes.</p> <p>7 A I do know Jason. Not -- I know him by</p> <p>8 reputation. I don't think I've ever actually met</p> <p>9 him.</p> <p>10 Q And what is his reputation?</p> <p>11 A I think he's got a good reputation</p> <p>12 running his division, and he's a good surgeon.</p> <p>13 Q Have you ever published with Jason</p> <p>14 Wright?</p> <p>15 A I don't believe so.</p> <p>16 Q You're right. That was a trick</p> <p>17 question.</p> <p>18 I'm gonna mark --</p> <p>19 MS. CURRY:</p> <p>20 I should have objected.</p> <p>21 (DEPOSITION EXHIBIT NUMBER 19</p> <p>22 WAS MARKED FOR IDENTIFICATION.)</p> <p>23 MS. THOMPSON:</p> <p>24 I'm gonna mark just a short article of</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 254</p> <p>1 Jason Wright's as Exhibit Number 19.</p> <p>2 Sorry. I thought I gave you mine.</p> <p>3 THE WITNESS:</p> <p>4 We're done with IM?</p> <p>5 MS. THOMPSON:</p> <p>6 Q Yeah, I think so. And this was an</p> <p>7 article published in -- not an article. It's</p> <p>8 a -- under a practice issue, which I think is an</p> <p>9 ongoing column, basically, in The Green Journal.</p> <p>10 What's The Green Journal?</p> <p>11 A OB-GYN, I think?</p> <p>12 Q And is that the journal that -- the</p> <p>13 journal that's published under the ACOG auspices?</p> <p>14 A I believe so.</p> <p>15 Q Are you a member of ACOG?</p> <p>16 A No.</p> <p>17 Q And this was published in December of</p> <p>18 2018, about six months ago. And was titled "Best</p> <p>19 Articles From the Past Year." And the second</p> <p>20 article listed out of four -- and these were</p> <p>21 what's new in ovarian cancer -- is the</p> <p>22 Penninkilampi article published in Epidemiology.</p> <p>23 A Uh-huh.</p> <p>24 Q And Dr. Wright concludes that, bottom</p>	<p style="text-align: right;">Page 256</p> <p>1 THE WITNESS:</p> <p>2 Oh, leaving you in the dust? Sorry.</p> <p>3 And then the use -- UKC talc studies,</p> <p>4 it really pales in comparison because -- and I</p> <p>5 looked at Penninkilampi pretty carefully. It</p> <p>6 kind of revisited all of the previous data. I</p> <p>7 think -- I -- I would assume that Jason doesn't</p> <p>8 necessarily keep up with this literature, so when</p> <p>9 it came out, he looked at it and said, ah, it's a</p> <p>10 meta-analysis. But it doesn't bring much to the</p> <p>11 table, I think.</p> <p>12 MS. THOMPSON:</p> <p>13 Q Well, you're obviously speculating as</p> <p>14 to Dr. Wright's reasoning, because neither --</p> <p>15 neither one of us knows. But at least Dr. Wright</p> <p>16 chose to include this as one of the four best</p> <p>17 articles regarding ovarian cancer in the past</p> <p>18 year published in 2018; right?</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 A Well, I think he -- I think he -- I</p> <p>22 think he exposed his reasoning a little bit by</p> <p>23 the last sentence in the first paragraph. "The</p> <p>24 possible association with talcum and brain cancer</p>
<p style="text-align: right;">Page 255</p> <p>1 line, "Perineal application of talc is associated</p> <p>2 with a small increased risk of ovarian cancer."</p> <p>3 Do you disagree with that conclusion by</p> <p>4 Dr. Wright?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A That's his -- I'm trying to figure out</p> <p>8 where you're reading. It's the bottom-line</p> <p>9 statement?</p> <p>10 MS. THOMPSON:</p> <p>11 Q Bottom line, yes.</p> <p>12 A Yeah, I would disagree with that.</p> <p>13 Q Do you disagree with it -- the</p> <p>14 inclusion of the Penninkilampi meta-analysis as</p> <p>15 one of the best articles from the past year?</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 A You know, it's interesting. I would,</p> <p>19 actually. I -- when -- when you compare it to</p> <p>20 Aerial Three and the Carbon Inhibitors and the</p> <p>21 hypothermic intraperineal chemotherapy, which was</p> <p>22 a New England Journal paper --</p> <p>23 MS. THOMPSON:</p> <p>24 Can you slow down?</p>	<p style="text-align: right;">Page 257</p> <p>1 has attracted media attention, resulting in a</p> <p>2 number of lawsuits."</p> <p>3 So I think that's part of the reason he</p> <p>4 feels this is relevant. Doesn't bring a lot of</p> <p>5 science.</p> <p>6 MS. THOMPSON:</p> <p>7 Q Well, I don't think it was meant to</p> <p>8 bring science. He was choosing this article for</p> <p>9 its -- its relevance for the readership of the</p> <p>10 American College of OB-GYN journal; correct?</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A I would agree with that.</p> <p>14 MS. THOMPSON:</p> <p>15 Q Do you have an opinion as to whether</p> <p>16 talc, the mineral talc, is inert?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A You have to define "inert."</p> <p>20 MS. THOMPSON:</p> <p>21 Q Do you have an opinion as to whether</p> <p>22 the mineral talc, if it occurs in pure form --</p> <p>23 I'll add that as well -- is chemically inert?</p> <p>24 MS. CURRY:</p>

Michael Birrer, M.D., Ph.D.

Page 258	Page 260
<p>1 Object to the form.</p> <p>2 A Chemically inert, meaning -- again, I'm</p> <p>3 struggling with this, that it -- it -- it can</p> <p>4 enter into chemical reaction with other</p> <p>5 substances.</p> <p>6 MS. THOMPSON:</p> <p>7 Q I'd just seen that phrase used, so I</p> <p>8 wanted to see if you had an understanding of what</p> <p>9 it meant and -- and whether it's -- that</p> <p>10 statement would be true.</p> <p>11 A I really would need -- if -- if you've</p> <p>12 seen it said, do you have it so I can look at it?</p> <p>13 Q I've seen it by your -- your fellow</p> <p>14 experts.</p> <p>15 A And -- and what was the context? There</p> <p>16 must have been a context.</p> <p>17 Q And the context was talc is chemically</p> <p>18 inert. Would you have an opinion on that?</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 A I think I would say no opinion right</p> <p>22 now.</p> <p>23 MS. THOMPSON:</p> <p>24 Q Okay. Is it biologically inert?</p>	<p>1 MS. CURRY:</p> <p>2 Sorry.</p> <p>3 A That, I don't think I could say with</p> <p>4 confidence.</p> <p>5 MS. THOMPSON:</p> <p>6 Q So even though talc used for</p> <p>7 pleurodesis is biologically -- is not</p> <p>8 biologically inert, you wouldn't be able to say</p> <p>9 whether baby powder was or not?</p> <p>10 A Well, we --</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A Well, we didn't put baby powder into</p> <p>14 the pleural cavities of patients, so we really</p> <p>15 haven't done that.</p> <p>16 MS. THOMPSON:</p> <p>17 Q Would you have any reason to suspect</p> <p>18 that baby powder would behave in a less</p> <p>19 biologically active manner than the talc used in</p> <p>20 pleurodesis?</p> <p>21 MS. CURRY:</p> <p>22 Object to the form.</p> <p>23 A Well, the talc -- you know, the talc</p> <p>24 used in pleurodesis is -- and I'm putting</p>
Page 259	Page 261
<p>1 MS. CURRY:</p> <p>2 Object to the form.</p> <p>3 MS. THOMPSON:</p> <p>4 Q Pure mineral talc. If pure talc</p> <p>5 existed.</p> <p>6 MS. CURRY:</p> <p>7 Object to the form.</p> <p>8 A Huh?</p> <p>9 Okay.</p> <p>10 That's another difficult one. I mean,</p> <p>11 I think that we know talc is used for</p> <p>12 pleurodesis. So that's -- is that a biologic</p> <p>13 process? I think it probably would qualify. So</p> <p>14 I wouldn't call it inert from that standpoint.</p> <p>15 MS. THOMPSON:</p> <p>16 Q And you're not gonna get me to argue</p> <p>17 with that.</p> <p>18 A I don't think so.</p> <p>19 Q Would that opinion apply to Johnson's</p> <p>20 baby powder?</p> <p>21 MS. CURRY:</p> <p>22 Object to the form.</p> <p>23 MS. THOMPSON:</p> <p>24 Q Or do you know?</p>	<p>1 quotations around this -- relatively pure, and</p> <p>2 it's gonna be different than the baby powder.</p> <p>3 But if you're asking me is talc in baby powder, I</p> <p>4 think we can agree on that. And, so, by analogy,</p> <p>5 I would expect some biologic activity.</p> <p>6 MS. THOMPSON:</p> <p>7 Q Okay.</p> <p>8 A Okay.</p> <p>9 Q And same for Shower to Shower?</p> <p>10 MS. CURRY:</p> <p>11 Object to the form.</p> <p>12 A Actually don't even know -- I've never</p> <p>13 seen a Shower to Shower container, but it's the</p> <p>14 product; right?</p> <p>15 MS. THOMPSON:</p> <p>16 Q Do you know what's in Shower to Shower?</p> <p>17 A I'm assuming it's analogous to baby</p> <p>18 powder.</p> <p>19 Q If -- well, would -- would that opinion</p> <p>20 apply to fibrous talc?</p> <p>21 MS. CURRY:</p> <p>22 Object to the form.</p> <p>23 A You know, again, I'm not a mineralogy</p> <p>24 expert, so I'm not going to make a comment on</p>

66 (Pages 258 to 261)

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 262</p> <p>1 that.</p> <p>2 MS. THOMPSON:</p> <p>3 Q Do you know what fibrous talc is?</p> <p>4 A I'm not sure I can really define it.</p> <p>5 Q And it's your understanding that</p> <p>6 fibrous talc or talc with asbestiform fibers is</p> <p>7 specifically excluded from the IARC 2010</p> <p>8 monograph? Correct?</p> <p>9 A Say that again, please.</p> <p>10 Q Is it your -- let me rephrase it just a</p> <p>11 little bit. Is it your understanding that</p> <p>12 fibrous talc or talc with asbestiform fibers is</p> <p>13 specifically excluded from the IARC 2010</p> <p>14 monograph?</p> <p>15 MS. CURRY:</p> <p>16 Object to the form.</p> <p>17 A So that's -- asbestiform fibers or</p> <p>18 asbestos?</p> <p>19 MS. THOMPSON:</p> <p>20 Q Asbestiform fibers. Is there a</p> <p>21 difference between fibrous talc and talc with</p> <p>22 asbestiform fibers?</p> <p>23 MS. CURRY:</p> <p>24 Object to the form.</p>	<p style="text-align: right;">Page 264</p> <p>1 A It sounds like it, yes. Habit. It's a</p> <p>2 different definition of habit than I'm used to.</p> <p>3 MS. THOMPSON:</p> <p>4 Q And I think you probably recall when we</p> <p>5 were discussing Health Canada, they were also</p> <p>6 referring to talc, nonasbestiform talc; right?</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A I believe so.</p> <p>10 MS. THOMPSON:</p> <p>11 Q And in the -- let's go ahead and mark</p> <p>12 the 2012 IARC that relates to asbestos.</p> <p>13 (DEPOSITION EXHIBIT NUMBER 20</p> <p>14 WAS MARKED FOR IDENTIFICATION.)</p> <p>15 MS. THOMPSON:</p> <p>16 Q That'd be Exhibit 20. And on the first</p> <p>17 page, 219, "The conclusions" -- reading in the</p> <p>18 first paragraph -- "The conclusions reached in</p> <p>19 this monograph about asbestos and its</p> <p>20 carcinogenic risk apply to these six type of</p> <p>21 fibers wherever they are found, and that includes</p> <p>22 talc-containing asbestiform fibers."</p> <p>23 A Yes.</p> <p>24 Q Is that your understanding of this?</p>
<p style="text-align: right;">Page 263</p> <p>1 A Again, I -- I -- that's not in my area</p> <p>2 of expertise.</p> <p>3 MS. THOMPSON:</p> <p>4 Q So you don't know --</p> <p>5 A No.</p> <p>6 Q -- whether there's any difference or</p> <p>7 not?</p> <p>8 A I have no opinion.</p> <p>9 Q And -- well, we can look at the 2010 --</p> <p>10 A Uh-huh.</p> <p>11 Q -- monograph to -- to clarify that.</p> <p>12 So on page 277 --</p> <p>13 A Uh-huh.</p> <p>14 Q -- "Talc may also form" -- reading in</p> <p>15 paragraph 3 --</p> <p>16 A Uh-huh.</p> <p>17 Q -- "Talc may also form as true mineral</p> <p>18 fibers that are asbestiform. Asbestiform</p> <p>19 describes the pattern of growth of a mineral that</p> <p>20 is referred to as a habit."</p> <p>21 And you would agree that that is not</p> <p>22 the same as talc with asbestos; right?</p> <p>23 MS. CURRY:</p> <p>24 Object to the form.</p>	<p style="text-align: right;">Page 265</p> <p>1 A I see that. Yeah.</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 MS. THOMPSON:</p> <p>5 Q Would your opinions regarding the</p> <p>6 biological activity of baby powder apply as well</p> <p>7 to baby powder that contains asbestos?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A Not asbestiform but asbestos?</p> <p>11 MS. THOMPSON:</p> <p>12 Q Asbestiform, it -- talc with asbestos</p> <p>13 is talc with asbestos.</p> <p>14 A Okay.</p> <p>15 Q Talc with --</p> <p>16 A So it wouldn't change -- it wouldn't</p> <p>17 change my view.</p> <p>18 Q Okay. And what about baby powder that</p> <p>19 contains heavy metals like chromium, nickle, and</p> <p>20 cobalt?</p> <p>21 MS. CURRY:</p> <p>22 Object to the form.</p> <p>23 A No.</p> <p>24 MS. THOMPSON:</p>

67 (Pages 262 to 265)

Michael Birrer, M.D., Ph.D.

Page 266	Page 268
<p>1 Q And what about baby powder with</p> <p>2 chemicals that are either possible or known</p> <p>3 carcinogens, like styrene, coumarin, eugenol,</p> <p>4 D'Limonine, p-Cresol, muscutone or benzophenone.</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 MS. THOMPSON:</p> <p>8 Q Would it change your opinion regarding</p> <p>9 the biologic activity of baby powder?</p> <p>10 A Well, looking at the biologic activity</p> <p>11 of baby powder, based upon what I reviewed, the</p> <p>12 answer is no because it doesn't matter what's in</p> <p>13 that. We looked at the biologic activity.</p> <p>14 Q So it doesn't matter to you whether</p> <p>15 there are known carcinogens in baby powder?</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 A Well, based upon the studies, then we</p> <p>19 would have seen convincing evidence of biologic</p> <p>20 causality. We didn't.</p> <p>21 MS. THOMPSON:</p> <p>22 Q And you're referring to the</p> <p>23 epidemiology studies?</p> <p>24 MS. CURRY:</p>	<p>1 A Okay. Okay. Thank you.</p> <p>2 (DEPOSITION EXHIBIT NUMBER 21 WAS</p> <p>3 MARKED FOR IDENTIFICATION.)</p> <p>4 MS. THOMPSON:</p> <p>5 Q This is Exhibit 21, "Asbestos Exposure</p> <p>6 and Ovarian Fiber Burden."</p> <p>7 Have you seen this paper, Dr. Birrer?</p> <p>8 A So I don't think -- let me -- I don't</p> <p>9 think I reviewed this. Let me just check.</p> <p>10 Well, it was on my list. I must have.</p> <p>11 Q And again, just going to the</p> <p>12 conclusions of these authors, the last paragraph</p> <p>13 in the abstract.</p> <p>14 A Uh-huh.</p> <p>15 Q "This study demonstrates that asbestos</p> <p>16 can reach the ovary. Although the number of</p> <p>17 subjects is small, asbestos appears to be present</p> <p>18 in ovarian tissue more frequently and in higher</p> <p>19 amounts in women with a documentable exposure</p> <p>20 history."</p> <p>21 Do you agree that was the conclusion of</p> <p>22 the authors?</p> <p>23 A That's what they state.</p> <p>24 Q And on page 438, last paragraph, "The</p>
Page 267	Page 269
<p>1 Object to the form.</p> <p>2 A I'm referring to all of it.</p> <p>3 MS. THOMPSON:</p> <p>4 Q Would the presence of known carcinogens</p> <p>5 provide a plausible mechanism?</p> <p>6 MS. CURRY:</p> <p>7 Object to the form.</p> <p>8 A Mechanisms for -- for what?</p> <p>9 MS. THOMPSON:</p> <p>10 Q For possible carcinogenesis.</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A But we didn't see carcinogenesis.</p> <p>14 There's no plausible biologic association or --</p> <p>15 so I'm not sure what we're designing a mechanism</p> <p>16 for.</p> <p>17 MS. THOMPSON:</p> <p>18 Q And are you familiar with the Heller</p> <p>19 paper regarding the finding of asbestos in human</p> <p>20 ovaries?</p> <p>21 A The Heller paper --</p> <p>22 Q 1996?</p> <p>23 A The one we just reviewed or --</p> <p>24 Q I'm handing you a new one.</p>	<p>1 fact that exposure to a husband is more</p> <p>2 significant than exposure to a father suggests a</p> <p>3 possible role for sexual contact as the</p> <p>4 transporting vector for asbestos fibers."</p> <p>5 Would you agree that if sexual -- if</p> <p>6 sexual contact was a transporting vector, that</p> <p>7 the fibers would enter the peritoneal cavity and</p> <p>8 ovaries through the vagina?</p> <p>9 MS. CURRY:</p> <p>10 Object to the form.</p> <p>11 A Just ask that once more, please.</p> <p>12 MS. THOMPSON:</p> <p>13 Q That wasn't a very good question. The</p> <p>14 problem is I don't know exactly how to make it</p> <p>15 better.</p> <p>16 If -- if the authors are proposing</p> <p>17 sexual contact as a possible means for</p> <p>18 transporting the asbestos fibers into -- into the</p> <p>19 ovaries, would -- wouldn't you assume that that</p> <p>20 would be via a vaginal route?</p> <p>21 A Yeah, I wouldn't assume that. I think</p> <p>22 one of the challenges here is that there are more</p> <p>23 differences between a wife and a daughter than</p> <p>24 just sexual activity. Wives may be in close</p>

Michael Birrer, M.D., Ph.D.

Page 270	Page 272
<p>1 contact with their husband in terms of --</p> <p>2 Q But that's not the question I'm asking.</p> <p>3 I'm saying if sexual contact is a</p> <p>4 transporting vector, wouldn't you assume that</p> <p>5 that would be through a vaginal route, not</p> <p>6 inhalation or some other way?</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A If -- if sexual activity was the</p> <p>10 mechanism of transport, is that what you're</p> <p>11 saying?</p> <p>12 MS. THOMPSON:</p> <p>13 Q Right.</p> <p>14 A Yeah.</p> <p>15 It's kind of a non sequitur. I mean,</p> <p>16 you're making the assumption sexual contact, and</p> <p>17 then you're asking, well, if that's it -- if</p> <p>18 that's the mode of transmission, is that the mode</p> <p>19 of transmission. Well, then, you've already</p> <p>20 assumed it, so -- so I could --</p> <p>21 Q Okay. I just wanted to make sure</p> <p>22 you're assuming it because the authors don't</p> <p>23 specifically say, you know, the -- the asbestos</p> <p>24 comes from a perineal exposure --</p>	<p>1 Correct?</p> <p>2 A So it's household contact with men who</p> <p>3 had fairly high exposure. So I think you can</p> <p>4 probably assume it was a substantial amount of</p> <p>5 exposure.</p> <p>6 Q What's your basis for assuming that</p> <p>7 it's a substantial amount of exposure?</p> <p>8 A Well, these men, if they're working in</p> <p>9 the asbestos area, are going to be covered with</p> <p>10 it. That's been shown, which is unfortunate,</p> <p>11 but, yeah.</p> <p>12 Q Can you point me to any study that</p> <p>13 compares how much exposure there would be in a</p> <p>14 talc mine versus a woman using talcum powder on</p> <p>15 her perineum daily or twice daily for -- for</p> <p>16 decades?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A Well, this is not talc. This is not</p> <p>20 talc; this is asbestos.</p> <p>21 MS. THOMPSON:</p> <p>22 Q I know. That's a separate question.</p> <p>23 It's not in the article.</p> <p>24 A Okay. Can you ask that again?</p>
Page 271	Page 273
<p>1 A Well, they're making -- yeah. They're</p> <p>2 making that distinction between a daughter and --</p> <p>3 Q Yeah, they are. I just wanted to make</p> <p>4 sure we are understanding that.</p> <p>5 And in the conclusions, "In our study,</p> <p>6 the women with a positive exposure history had</p> <p>7 asbestos detected in their ovaries more</p> <p>8 frequently and in higher counts."</p> <p>9 If that did indeed happen, that would</p> <p>10 argue against any kind of laboratory</p> <p>11 contamination, wouldn't it?</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 A I'm just checking the numbers. I'm</p> <p>15 sorry.</p> <p>16 9 of 13 household, 6 of 17 and about</p> <p>17 one out of -- one out of 17.</p> <p>18 So, you know, I think -- I think it's</p> <p>19 fair to say that laboratory contamination should</p> <p>20 be more equal in all groups. It doesn't</p> <p>21 completely eliminate it, but...</p> <p>22 MS. THOMPSON:</p> <p>23 Q And these were exposed through</p> <p>24 household contact, not occupational exposure.</p>	<p>1 Q Can you point me to any study that</p> <p>2 compares how much exposure there would be in a</p> <p>3 talc mine versus a woman using talcum powder on</p> <p>4 her perineum daily or twice daily for decades?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A Yeah. I don't think that's been asked</p> <p>8 and qualified. So it's difficult.</p> <p>9 MS. THOMPSON:</p> <p>10 Q Is the fact that asbestos causes</p> <p>11 pleural and peritoneal mesothelioma relevant to</p> <p>12 whether or not talcum powder can cause ovarian</p> <p>13 cancer?</p> <p>14 MS. CURRY:</p> <p>15 Object to the form.</p> <p>16 A Not to the data that I -- and the</p> <p>17 studies that I reviewed.</p> <p>18 MS. THOMPSON:</p> <p>19 Q And I don't think this was clear to me</p> <p>20 this morning.</p> <p>21 How does asbestos get to the</p> <p>22 peritoneum, in your opinion?</p> <p>23 MS. CURRY:</p> <p>24 Object to the form.</p>

69 (Pages 270 to 273)

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 274</p> <p>1 MS. THOMPSON: 2 Q Or do you not know? 3 A Well, I -- I summarized my 4 understanding as not being necessarily an 5 asbestos expert, but my clinical experience, 6 which is asbestos, obviously, is a risk factor 7 for mesothelioma and for lung cancer. If it's 8 inhaled, then it's -- it's transiting to the 9 pleural cavity, which is where, then, it's 10 inducing mesothelioma. 11 And then there are peritoneal 12 mesotheliomas. And I don't honestly think we 13 know precisely how it gets there. There is -- 14 there is some evidence that pleural activities 15 can communicate with peritoneal activities. And 16 the example I'd give you on that is if one has 17 malignant ascites, fluid in the peritoneal 18 cavity, it frequently ends up in the pleural 19 cavities. 20 So -- so -- but you've got diaphragm 21 there with parietal pleura covering it. So 22 exactly how that happens, I don't know. 23 Q Is migration or transport through the 24 genital tract of asbestos a plausible mechanism</p>	<p style="text-align: right;">Page 276</p> <p>1 women who are massively exposed? 2 A I think that's the epidemiologic data 3 I'm aware of. 4 Q You're not aware of the epidemiology 5 that includes household or domestic exposure? 6 MS. CURRY: 7 Object to the form. 8 A Secondary exposures? 9 MS. THOMPSON: 10 Q Correct. 11 A Yeah. Yeah. I know that. I know that 12 a little bit less than the initial occupational 13 exposure. Most -- most of that came from the 14 Army. 15 Q And you'll agree that you don't have 16 any literature that compares what that exposure 17 would be compared to an exposure with someone 18 using talcum powder on their genitals for -- 19 A I agree. 20 Q -- for an extended period of time? 21 A Yes. 22 Q So I want to understand. You don't 23 know whether asbestos fibers can migrate or be 24 transported up the genital tract, but you're</p>
<p style="text-align: right;">Page 275</p> <p>1 for asbestos getting into the peritoneal cavity? 2 MS. CURRY: 3 Object to the form. 4 A Yeah, I don't -- I don't know the 5 answer to that. The increased incidence of 6 ovarian cancer in asbestos-exposed women, I mean, 7 I think it's -- it's agreed upon that those women 8 had massive exposures. So -- 9 MS. THOMPSON: 10 Q What -- what's your basis for saying 11 those women had massive exposures? 12 A Well, my impression is that in gas mask 13 manufacturing -- 14 And, of course, this is in the second 15 world war. 16 -- there wasn't really an appreciation 17 how bad asbestos is. And, so, they got exposed 18 to certainly levels that, you know, average 19 people would not. And even -- even in towns that 20 had cement factories and issues like that, those 21 studies were really not all that positive. But 22 the gas masks are. 23 Q Is it your opinion that the studies 24 that link asbestos with ovarian cancer are all in</p>	<p style="text-align: right;">Page 277</p> <p>1 confident that talc cannot. Is that right? 2 MS. CURRY: 3 Object to the form. 4 A Well, that's part of the reason I don't 5 think asbestos -- we can't say that. If I 6 remember, the question was can -- can the genital 7 tract be an explanation for the asbestos fibers. 8 In my opinion, no, we don't know that. And the 9 data we have from talc suggests, no, that doesn't 10 happen. 11 MS. THOMPSON: 12 Q Still not clear. 13 So asbestos, you don't know; but talc, 14 you know it doesn't. Is that right? 15 MS. CURRY: 16 Object to the form. 17 A Well, I would say, you know, if you -- 18 if you want to pursue that, then I would say, 19 based upon the talc data, which has actually been 20 examined, that it's unlikely that asbestos is 21 going up through the genital tract. 22 MS. THOMPSON: 23 Q So, in your opinion, that is not a 24 plausible mechanism for asbestos reaching the</p>

70 (Pages 274 to 277)

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 278</p> <p>1 ovaries?</p> <p>2 A Correct.</p> <p>3 Q And what is your explanation for</p> <p>4 household members of asbestos working -- workers</p> <p>5 having an increased risk of ovarian cancer and</p> <p>6 mesothelioma?</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A Well, again, not being an asbestos</p> <p>10 expert, but I would assume this is inhalation,</p> <p>11 much like other exposures to asbestos, and then</p> <p>12 absorption through the lung parenchyma and</p> <p>13 ultimately through this pleural perineal process.</p> <p>14 MS. THOMPSON:</p> <p>15 Q But it's your opinion that the transfer</p> <p>16 or migration of the fibers through coitus is not</p> <p>17 plausible?</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 A I don't know the data for that.</p> <p>21 MS. THOMPSON:</p> <p>22 Q Well, you don't know data for the other</p> <p>23 routes either, do you?</p> <p>24 MS. CURRY:</p>	<p style="text-align: right;">Page 280</p> <p>1 lot more data for -- if it's something to do with</p> <p>2 genital transport than you do for other -- other</p> <p>3 methods, but --</p> <p>4 A Well, I am a scientist.</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 MS. THOMPSON:</p> <p>8 Q Well, it's selective science.</p> <p>9 MS. CURRY:</p> <p>10 Object to the form and argumentative.</p> <p>11 MS. THOMPSON:</p> <p>12 Q If you are advising a patient, could</p> <p>13 you reassure her that talcum powder containing</p> <p>14 asbestos is safe to use on the perineum?</p> <p>15 A It's -- it's an irrelevant issue.</p> <p>16 Q Okay. Patient says, Dr. Birrer, is it</p> <p>17 safe for me to continue using baby powder on the</p> <p>18 per- -- on my perineum. And your answer would</p> <p>19 be?</p> <p>20 A Yes.</p> <p>21 Q And if -- assuming that baby powder</p> <p>22 is -- is shown to contain asbestos, would your</p> <p>23 advice be the same?</p> <p>24 MS. CURRY:</p>
<p style="text-align: right;">Page 279</p> <p>1 Object to the form.</p> <p>2 A Well, there's a lot of literature for,</p> <p>3 you know, shipyard builders where they got</p> <p>4 exposed to asbestos. They get both pleural and</p> <p>5 perineal mesothelioma.</p> <p>6 MS. THOMPSON:</p> <p>7 Q We're talking about household exposure.</p> <p>8 A But again, that's data to tell us,</p> <p>9 under the extreme conditions, where and how that</p> <p>10 might migrate.</p> <p>11 Q Well, but you don't believe Heller, who</p> <p>12 proposed that sexual transmission was a plausible</p> <p>13 route for -- for the asbestos fibers in contacts</p> <p>14 to have a higher incidence of ovarian cancer in</p> <p>15 perineal mesothelioma; right?</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 A Well, they didn't say that. They</p> <p>19 didn't say that. They said it's possible.</p> <p>20 MS. THOMPSON:</p> <p>21 Q Okay.</p> <p>22 A They're proposing a hypothesis and I</p> <p>23 said, well, show me the data.</p> <p>24 Q Okay. Well, it seems like you need a</p>	<p style="text-align: right;">Page 281</p> <p>1 Object to the form.</p> <p>2 MS. THOMPSON:</p> <p>3 Q Would your answer be the same?</p> <p>4 A So this is a hypothetical?</p> <p>5 Q Yeah.</p> <p>6 A Powder is the -- is -- is then</p> <p>7 determined to have asbestos?</p> <p>8 Q Correct.</p> <p>9 A Again, so is the question am I</p> <p>10 recommending a patient use asbestos?</p> <p>11 Q Yeah. That's the question.</p> <p>12 A Yeah. No, I wouldn't do that.</p> <p>13 Q Did you read Dr. Longo's report?</p> <p>14 A You know, that came up.</p> <p>15 Can you -- do you have a copy of it to</p> <p>16 refresh my memory?</p> <p>17 Q I do.</p> <p>18 (DEPOSITION EXHIBIT NUMBER 22 WAS</p> <p>19 MARKED FOR IDENTIFICATION.)</p> <p>20 MS. THOMPSON:</p> <p>21 Q I'm gonna mark -- Exhibit 22 is</p> <p>22 Dr. Longo's report in the MDL.</p> <p>23 Exhibit 23 is Dr. Longo's supplemental</p> <p>24 report in the MDL.</p>

71 (Pages 278 to 281)

Michael Birrer, M.D., Ph.D.

Page 282	Page 284
<p>1 (DEPOSITION EXHIBIT NUMBER 23 WAS 2 MARKED FOR IDENTIFICATION.) 3 MS. THOMPSON: 4 Q Do you remember seeing these reports? 5 MS. CURRY: 6 Do you have an extra copy? 7 MS. THOMPSON: 8 I do. 9 MS. CURRY: 10 Thank you. 11 A It's not on my list. 12 MS. THOMPSON: 13 Q Did you ask to see any testing on 14 Johnson's baby powder to see if it contained 15 asbestos? 16 A No, I did not. I think I came across 17 this, actually, previously, but not in this one. 18 Q And understanding that you're -- well, 19 I assume that you're not an expert in asbestos 20 testing; right? 21 A Correct. 22 Q Assuming that -- and if you want to 23 read the report, we can go off the record. 24 But assuming that Dr. Longo found</p>	<p>1 telling a patient it was safe to use baby powder 2 on her genitals if it contained -- if two-thirds 3 of the bottles contained asbestos? 4 MS. CURRY: 5 Object to the form. 6 A You know, again, I'm gonna emphasize 7 this. My review of the data suggests that -- 8 that those products are not a risk for ovarian 9 cancer. 10 MS. THOMPSON: 11 Q I -- I'm clear -- 12 A Regardless of what the hypothetical is. 13 Q I'm clear on that. 14 A Okay. 15 Q But -- but this is not really even a 16 hypothetical. This is testing that has shown 17 two-thirds of the baby powder samples contain 18 asbestos. 19 Do -- would you still feel good about 20 advising a patient that it's safe? 21 MS. CURRY: 22 Object to the form. 23 A I would -- I would tell them that based 24 on my review of the literature, extensive review</p>
Page 283	Page 285
<p>1 between 60 and 70 percent of bottles, historical 2 samples provided by Johnson & Johnson over 3 decades to contain asbestos, would that impact 4 how you would advise a patient who says, 5 Dr. Birrer, is it safe for me to use Johnson's 6 baby powder on my perineum? 7 MS. CURRY: 8 Object to the form. 9 A So, again, this -- this gets to the 10 point of having reviewed all the literature in 11 terms of the product, Shower to Shower, 12 Johnson & Johnson's baby powder, as increasing 13 the risk for ovarian cancer showing biological 14 plausibility. 15 Careful review of that literature has 16 shown nothing. So whether there's asbestos in 17 there or not, I don't know. 18 MS. THOMPSON: 19 Q Would -- would it give you pause? 20 MS. CURRY: 21 Object to the form. 22 A Pause. I don't know what pause is. 23 MS. THOMPSON: 24 Q Would you have some concern about</p>	<p>1 of the literature, it is a safe product. 2 MS. THOMPSON: 3 Q And what if they said, Dr. Birrer, is 4 that true even if it does contain asbestos? 5 MS. CURRY: 6 Object to the form. 7 MS. THOMPSON: 8 Q Would your answer be the same? 9 A I would -- I would -- you know, I would 10 say, again, it doesn't matter if that's the way 11 the product was used. And it was careful 12 studies. 13 Q Have you seen any studies from 14 Johnson & Johnson regarding their asbestos 15 testing? 16 A I haven't seen that. 17 Q Were you shown any testing results from 18 Johnson & Johnson? 19 A No. 20 Q Were you shown any testing results from 21 defense experts as to whether baby powder 22 contained asbestos? 23 MS. CURRY: 24 Object to the form.</p>

72 (Pages 282 to 285)

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 286</p> <p>1 A Not that I recall, although, as I said</p> <p>2 before, in the expert witness reports, the ones</p> <p>3 that involved minerals in asbestos, I went</p> <p>4 through them fairly rapidly.</p> <p>5 MS. THOMPSON:</p> <p>6 Q Do you know if any defense experts even</p> <p>7 performed any testing as to whether there was</p> <p>8 asbestos in baby powder?</p> <p>9 A No.</p> <p>10 Q Do you know -- did you see that</p> <p>11 Dr. Longo also tested for talc fibers, so-called</p> <p>12 fibrous talc?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A Fibrous talc. I can't quote you that,</p> <p>16 but I'll rely on you.</p> <p>17 MS. THOMPSON:</p> <p>18 Q Dr. Longo found -- and, you know, feel</p> <p>19 free to look to that summary -- virtually every</p> <p>20 Johnson's baby powder and Shower to Shower sample</p> <p>21 provided from historical samples contained talc</p> <p>22 fibers. The same answer as to asbestos; it</p> <p>23 doesn't matter?</p> <p>24 MS. CURRY:</p>	<p style="text-align: right;">Page 288</p> <p>1 A No, I didn't. I see the litigation ad.</p> <p>2 MS. THOMPSON:</p> <p>3 Q Okay. I'm gonna give you -- I'm gonna</p> <p>4 mark as Exhibit 24 a report -- call it an article</p> <p>5 because it's titled "News" -- from BMJ. And</p> <p>6 what's BMJ?</p> <p>7 A I don't know. I was gonna ask you.</p> <p>8 Q Oh. British Medical Journal. You've</p> <p>9 heard of the British Medical Journal?</p> <p>10 A Yes. I thought it was Birmingham.</p> <p>11 Q I -- that was another trick question.</p> <p>12 I said it was a news report from a medical</p> <p>13 journal.</p> <p>14 And you can take a minute to look</p> <p>15 through that --</p> <p>16 A Please.</p> <p>17 Q -- since you haven't seen the news</p> <p>18 reports.</p> <p>19 So you'll, I think, agree with me that</p> <p>20 the editors didn't come to any conclusions as to</p> <p>21 whether or not baby powder caused ovarian cancer;</p> <p>22 right?</p> <p>23 A Correct.</p> <p>24 Q But they -- the editors of the journal</p>
<p style="text-align: right;">Page 287</p> <p>1 Object to the form.</p> <p>2 A There again, these products that he's</p> <p>3 analyzing have been used for years. We have the</p> <p>4 epi data. It's unconvincing. We've got the</p> <p>5 biologic data. It's definitely unconvincing.</p> <p>6 The inflammatory theory is inconsistent. So to</p> <p>7 say anything other than that this is a safe</p> <p>8 product, I think, is inappropriate.</p> <p>9 MS. THOMPSON:</p> <p>10 Q Are -- are you aware of news reports</p> <p>11 over the past two or three months of the presence</p> <p>12 of asbestos in baby powder and</p> <p>13 Johnson & Johnson's knowledge of the asbestos in</p> <p>14 baby powder?</p> <p>15 MS. CURRY:</p> <p>16 Object to the form.</p> <p>17 A I'm not.</p> <p>18 (DEPOSITION EXHIBIT NUMBER 24</p> <p>19 WAS MARKED FOR IDENTIFICATION.)</p> <p>20 MS. THOMPSON:</p> <p>21 Q You haven't seen any news reports about</p> <p>22 asbestos in baby powder?</p> <p>23 MS. CURRY:</p> <p>24 Object to the form.</p>	<p style="text-align: right;">Page 289</p> <p>1 at least thought it important to -- to report the</p> <p>2 claims that baby powder may contain asbestos;</p> <p>3 correct?</p> <p>4 MS. CURRY:</p> <p>5 Object to the form.</p> <p>6 A I think they thought this would be of</p> <p>7 interest to the readership.</p> <p>8 MS. THOMPSON:</p> <p>9 Q Agreed.</p> <p>10 And you don't think the editors would</p> <p>11 have published this news report if it wasn't</p> <p>12 based on what they considered credible evidence,</p> <p>13 would you?</p> <p>14 MS. CURRY:</p> <p>15 Object to the form.</p> <p>16 A I would -- I would not agree with that</p> <p>17 statement. I think they would -- they might not</p> <p>18 agree with any of this or the role of talcum</p> <p>19 powder or asbestos, but -- but they felt their</p> <p>20 readership would be interested in this.</p> <p>21 MS. THOMPSON:</p> <p>22 Q So BMJ has become the National Enquirer</p> <p>23 of medical journals now?</p> <p>24 MS. CURRY:</p>

73 (Pages 286 to 289)

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 290</p> <p>1 Object to the form.</p> <p>2 A Medical journals are not above some</p> <p>3 editorial latitude.</p> <p>4 MS. THOMPSON:</p> <p>5 Q And why would the readers be</p> <p>6 interested?</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A Well, I think there -- there is major</p> <p>10 litigation involved. There are a number of court</p> <p>11 cases. The FDA has weighed in a little bit. And</p> <p>12 then there are, quote, internal documents. All</p> <p>13 of that is, for lack of a better word, you know,</p> <p>14 scientists are looking for things to excite their</p> <p>15 lives, so this is entertainment.</p> <p>16 MS. THOMPSON:</p> <p>17 Q Might it be that BMJ thought their</p> <p>18 doctors would want to tell patients about this</p> <p>19 information?</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 MR. MIZGALA:</p> <p>23 So now you're --</p> <p>24 MS. THOMPSON:</p>	<p style="text-align: right;">Page 292</p> <p>1 conclusions. You're a physician and you see this</p> <p>2 article. Might it be something that you would be</p> <p>3 interested in so you could advise your patients</p> <p>4 accordingly?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A Definitely not.</p> <p>8 MS. THOMPSON:</p> <p>9 Q And you would not give a medical</p> <p>10 journal any credit that doctors might want to</p> <p>11 advise their patients that baby powder contains</p> <p>12 asbestos?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A I think they do a reasonable job of</p> <p>16 simply reporting what is happening. And they</p> <p>17 talk about -- they talk about internal documents.</p> <p>18 Those are essentially impossible to assess. They</p> <p>19 talk about the New York Times. Not a scientific</p> <p>20 organization. There is some hearsay from the</p> <p>21 FDA. And then they -- they out line the court</p> <p>22 case. I wouldn't -- I would not take this and</p> <p>23 translate it into some recommendation for a</p> <p>24 patient.</p>
<p style="text-align: right;">Page 291</p> <p>1 Q Just a hunch. Just a hunch.</p> <p>2 MR. MIZGALA:</p> <p>3 Now you're asking him to speculate.</p> <p>4 You've been doing this the whole deposition.</p> <p>5 MS. GARBER:</p> <p>6 I don't think we're doing speaking</p> <p>7 objections. So the objection is to form.</p> <p>8 MR. MIZGALA:</p> <p>9 Yeah. But she's gone to task for</p> <p>10 speculating earlier, and she's doing the same</p> <p>11 thing.</p> <p>12 MS. GARBER:</p> <p>13 Okay. The objection is to form. You</p> <p>14 know that. Let's follow the rules.</p> <p>15 A Say again.</p> <p>16 MS. THOMPSON:</p> <p>17 Q You're a physician that reads journals.</p> <p>18 A Uh-huh.</p> <p>19 Q As a physician, let's -- we're going to</p> <p>20 take a hypothetical that you're not involved in</p> <p>21 talcum powder litigation. Okay?</p> <p>22 A Uh-huh.</p> <p>23 Q And you haven't done this thorough</p> <p>24 review that you have done to come to your</p>	<p style="text-align: right;">Page 293</p> <p>1 MS. THOMPSON:</p> <p>2 Q So it wouldn't be any different from</p> <p>3 reading a story about the Kardashians in BMJ?</p> <p>4 MS. CURRY:</p> <p>5 Object to the form.</p> <p>6 MS. THOMPSON:</p> <p>7 Q Is that what you're saying?</p> <p>8 A You want an answer to that?</p> <p>9 Q Sure. It was a question.</p> <p>10 A Yeah, it's different.</p> <p>11 Q Okay. Thanks.</p> <p>12 A It's about talc.</p> <p>13 Q Are you aware that concerns have been</p> <p>14 raised about the safety of pleurodesis?</p> <p>15 MS. CURRY:</p> <p>16 Object to the form.</p> <p>17 A So, actually, my understanding of</p> <p>18 pleurodesis, at least in the relationship of talc</p> <p>19 in ovarian cancer, there's essentially no</p> <p>20 evidence linking the two. But let me -- let me</p> <p>21 see what you're referring to.</p> <p>22 MS. THOMPSON:</p> <p>23 Q Well, I was just -- let me ask</p> <p>24 questions first.</p>

Michael Birrer, M.D., Ph.D.

Page 294	Page 296
<p>1 A Uh-huh.</p> <p>2 Q And that was: Are you aware that</p> <p>3 concerns have been raised about the safety of</p> <p>4 pleurodesis?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A No.</p> <p>8 MS. THOMPSON:</p> <p>9 Q And have you been -- are you aware --</p> <p>10 no, you're not aware of any concerns at all.</p> <p>11 Let me go ahead and give you Exhibit</p> <p>12 25.</p> <p>13 (DEPOSITION EXHIBIT NUMBER 25</p> <p>14 WAS MARKED FOR IDENTIFICATION.)</p> <p>15 MS. THOMPSON:</p> <p>16 Q And this is a letter to the editor.</p> <p>17 I --</p> <p>18 A Uh-huh.</p> <p>19 Q -- I understand that. It's not a</p> <p>20 formal study, per se.</p> <p>21 MS. CURRY:</p> <p>22 Do you have an extra copy?</p> <p>23 MS. THOMPSON:</p> <p>24 Yeah, I do.</p>	<p>1 stating that talc is asbestos-free should not</p> <p>2 release us from a responsibility to the patient,</p> <p>3 especially when safe alternatives are available."</p> <p>4 And the picture is of a talc fiber</p> <p>5 found in a pleurodesis talc.</p> <p>6 Does that cause you any concern?</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A It doesn't. To be fair, the entire --</p> <p>10 my -- my impression is, although I don't do -- I</p> <p>11 do pleurodesis for cancer patients, in which</p> <p>12 case, unfortunately, longevity makes this whole</p> <p>13 issue moot. But we've moved away from talc for</p> <p>14 other reasons. It's painful. It doesn't work</p> <p>15 all the time. We have better agents. So that</p> <p>16 kind of makes this moot.</p> <p>17 But, you know, again I think you</p> <p>18 pointed out appropriately. It's -- they're</p> <p>19 entitled to their opinions. It's a single</p> <p>20 article -- it's a single letter, and the studies</p> <p>21 addressing this are very limited. So I think --</p> <p>22 I think they're -- making fairly bold statements</p> <p>23 on not a lot of data.</p> <p>24 MS. THOMPSON:</p>
Page 295	Page 297
<p>1 Q Do you know Dr. -- I think it's Ghio.</p> <p>2 I don't know how it's pronounced. Do you know</p> <p>3 Ghio and Dr. Roggli?</p> <p>4 A I don't know either of them.</p> <p>5 Q And I'll let you read through this.</p> <p>6 Let's just read that -- I'm gonna read the last</p> <p>7 paragraph and get your thoughts.</p> <p>8 A Okay.</p> <p>9 Q "The assertion that contemporary</p> <p>10 purified preparations of talc do not contain</p> <p>11 asbestos, therefore eliminating a risk of</p> <p>12 mesothelioma, should be closely examined prior to</p> <p>13 its acceptance for clinical application. The</p> <p>14 methodology used to confirm the lack of</p> <p>15 asbestiform materials in a finished product,</p> <p>16 (i.e., X-ray diffraction, optical microscopy, and</p> <p>17 electron microscopy techniques) and its</p> <p>18 sensitivity must be provided. Even if the</p> <p>19 product is "asbestos-free," the mechanism of</p> <p>20 cancer induction by asbestos (i.e.,</p> <p>21 metal-catalyzed radical generation) is similarly</p> <p>22 pertinent to talc and the occurrence of fibrous</p> <p>23 forms of the sheet silicate itself raises issues</p> <p>24 about clearance and long-term safety. Simply</p>	<p>1 Q But you'll agree that this was out of</p> <p>2 the context of any litigation about baby powder;</p> <p>3 correct?</p> <p>4 MS. CURRY:</p> <p>5 Object to the form.</p> <p>6 A I would agree on that.</p> <p>7 MS. THOMPSON:</p> <p>8 Q What's your understanding of the</p> <p>9 mechanism by which asbestos causes cancer?</p> <p>10 MS. CURRY:</p> <p>11 Object to the form.</p> <p>12 A Again, I'm not necessarily an expert on</p> <p>13 this. The association and the risk factor's very</p> <p>14 clear. I think the present theory -- and I would</p> <p>15 put it as a theory -- is this is a substance that</p> <p>16 essentially doesn't dissolve, stays there, or at</p> <p>17 least is very long-lasting, and then, under those</p> <p>18 circumstances, causes effectively the</p> <p>19 transformation of cells that it is in close</p> <p>20 contact with. And that's -- it includes, of</p> <p>21 course, lung cancer per se, but also mesothelioma</p> <p>22 where these particles will sort of stay in the</p> <p>23 pleural cavity.</p> <p>24 MS. THOMPSON:</p>

75 (Pages 294 to 297)

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 298</p> <p>1 Q Is there anything in that description 2 that you gave that would be different for talc? 3 MS. CURRY: 4 Object to the form. 5 A Well -- 6 MS. THOMPSON: 7 Q And we're speaking in general terms. 8 MS. CURRY: 9 Object to the form. 10 A Talc doesn't do this; right? 11 MS. THOMPSON: 12 Q Well, no. Let's go back. 13 You would agree that talc essentially 14 doesn't dissolve also; correct? 15 MS. CURRY: 16 Object to the form. 17 A It's a mineral. 18 MS. THOMPSON: 19 Q And it stays there; correct? 20 MS. CURRY: 21 Object to the form. 22 A Well, I don't know if it stays there as 23 long as asbestos. You know, if you look at the 24 pleurodesis patients, there's really essentially</p>	<p style="text-align: right;">Page 300</p> <p>1 because I wasn't asked to review that, and -- and 2 my experience is in lung cancer. 3 That process, I think, is still -- is 4 still questionable. And -- and because of that, 5 that -- that process may be specifically 6 associated with asbestos. So to extrapolate that 7 to some other molecule that, oh, by the way, it 8 hangs around for a while, is not acceptable. 9 Q So I understand that you apparently 10 were not asked to consider asbestos. You're a 11 scientist; right? 12 A Yes. 13 Q Did you not have any curiosity about 14 what effects the presence of asbestos in baby 15 powder would have? 16 MS. CURRY: 17 Object to the form. 18 A To be honest, that wasn't the way I 19 approached it. I approached it by looking 20 specifically from the talc standpoint. 21 MS. THOMPSON: 22 Q Okay. 23 A And -- and the studies and then looking 24 at that objectively. And, again, we get back to</p>
<p style="text-align: right;">Page 299</p> <p>1 no increase in ovarian cancer. 2 MS. THOMPSON: 3 Q Well, you've already told us that 4 pleurodesis patients have typically a life 5 expectancy of months, not years. 6 MS. CURRY: 7 Object to the form. 8 A I said in the ones I treat. But in 9 chronic heart failure, those patients have been 10 followed up to 40 years. 11 MS. THOMPSON: 12 Q I would like to see that study, but 13 we'll do that another day. How's that? 14 A I don't know if I'd like another day. 15 Q Let's say -- or -- your next comment, 16 or at least it's very long-lasting. You would 17 agree that -- with that for talc; right? 18 A Uh-huh. Uh-huh. 19 Q And, then, for asbestos, you say it 20 causes effectively the transformation of cells 21 that it's in close contact with. But you don't 22 believe that happens for talc; correct? 23 A Well, again, this may reflect my -- 24 somewhat my ignorance about asbestos per se,</p>	<p style="text-align: right;">Page 301</p> <p>1 this issue of really looking at epidemiologic 2 studies, just use powder, and then some of the 3 studies biologically used it -- use those -- used 4 those products. It -- you know, if there are -- 5 if there are substance X, Y, Z, A, B, and C that 6 are in there that are causing a problem and 7 carcinogenic, it would have shown up in the 8 studies. 9 Q Do you know that initially in the 10 studies, asbestos, no one could prove that 11 asbestos was carcinogenic? 12 MS. CURRY: 13 Object to the form. 14 A Well, no one could prove smoking was 15 carcinogenic either. It takes time. 16 MS. THOMPSON: 17 Q Well, there's two examples then. 18 (DEPOSITION EXHIBIT NUMBER 26 19 WAS MARKED FOR IDENTIFICATION.) 20 MS. THOMPSON: 21 Q I'm going to show you Exhibit 26, a 22 paper by Dr. Mossman. Do you know Mossman? 23 A I do know Dr. Mossman. Not personally. 24 Q You know her by reputation?</p>

76 (Pages 298 to 301)

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 302</p> <p>1 A I think we shared classmates about 20</p> <p>2 years ago.</p> <p>3 Q I -- I won't -- I won't go any further</p> <p>4 with that one.</p> <p>5 The title of this study is "Mechanistic</p> <p>6 in vitro studies: What they have told us about</p> <p>7 carcinogenic properties of elongated mineral</p> <p>8 particles."</p> <p>9 I think we've already established that</p> <p>10 that's not a term that you're particularly</p> <p>11 familiar with. But go ahead and take a minute to</p> <p>12 look at --</p> <p>13 A 26?</p> <p>14 Q -- that paper.</p> <p>15 And I'm going to just read from the</p> <p>16 abstract. "In vitro studies using target and</p> <p>17 effector cells of mineral-induced cancers have</p> <p>18 been critical in determining the mechanisms of</p> <p>19 pathogenesis as well as the properties" --</p> <p>20 A Where are you?</p> <p>21 Q The first sentence of the paper, in the</p> <p>22 abstract.</p> <p>23 A Oh, okay. Thank you.</p> <p>24 Q "In vitro studies" -- we'll start over.</p>	<p style="text-align: right;">Page 304</p> <p>1 Object to the form.</p> <p>2 MS. THOMPSON:</p> <p>3 Q That in vitro studies could be used to</p> <p>4 test that mechanism in EMPs?</p> <p>5 A And she's --</p> <p>6 MS. CURRY:</p> <p>7 Object to the form.</p> <p>8 A -- she's well respected in this area.</p> <p>9 MS. THOMPSON:</p> <p>10 Q We're going to get to Saed's, Dr.</p> <p>11 Saed's work in a minute.</p> <p>12 A Okay.</p> <p>13 Q But wouldn't you agree that that's what</p> <p>14 Dr. Saed started testing in his in vitro studies?</p> <p>15 MS. CURRY:</p> <p>16 Object to the form.</p> <p>17 A I think the expert report and the paper</p> <p>18 that I read is within this spectrum.</p> <p>19 MS. THOMPSON:</p> <p>20 Q And, just moving down a little bit,</p> <p>21 maybe two-thirds of the way down, "Comparative</p> <p>22 studies using chemical carcinogens showed that</p> <p>23 chemical agents interacted directly with DNA;</p> <p>24 whereas, long EMPs appeared to be promoters of</p>
<p style="text-align: right;">Page 303</p> <p>1 "In vitro studies using target and</p> <p>2 effector cells of mineral-induced cancers have</p> <p>3 been critical in determining the mechanisms of</p> <p>4 pathogenesis as well as the properties of</p> <p>5 elongated mineral particles, EMPs, important in</p> <p>6 eliciting these responses."</p> <p>7 Dr. Mossman is reporting that in vitro</p> <p>8 studies have been helpful in -- in determining</p> <p>9 this mechanism; right?</p> <p>10 MS. CURRY:</p> <p>11 Object to the form.</p> <p>12 A Yeah, I think that's what she's saying.</p> <p>13 Yes.</p> <p>14 MS. THOMPSON:</p> <p>15 Q Next sentence, "Historically, in vitro</p> <p>16 models of mutagenesis and immortalized cell lines</p> <p>17 were first used to test the theory that EMPs were</p> <p>18 mutagenic to cells, and genotoxicity, as defined</p> <p>19 as damage to DNA, often culminating in cell</p> <p>20 death, was observed in a dose-dependent fashion</p> <p>21 as responses of many cell types to a number of</p> <p>22 EMPs."</p> <p>23 Does that sound reasonable?</p> <p>24 MS. CURRY:</p>	<p style="text-align: right;">Page 305</p> <p>1 cancer via a number of mechanisms, such as</p> <p>2 inflammation, generation of oxidants and</p> <p>3 instigation of cell division.</p> <p>4 "The multitude of these signaling</p> <p>5 cascades and epigenetic mechanisms of both lung</p> <p>6 cancers and mesotheliomas have been most recently</p> <p>7 studied in normal or telomerase immortalized</p> <p>8 human cells."</p> <p>9 I believe she's saying -- and I'll ask</p> <p>10 you if it's correct -- that particles,</p> <p>11 particularly the elongated particles or fibers,</p> <p>12 have a different mechanism than what is usually</p> <p>13 thought of with chemical carcinogens.</p> <p>14 MS. CURRY:</p> <p>15 Object to the form.</p> <p>16 MS. THOMPSON:</p> <p>17 Q Is that a --</p> <p>18 A I think that's --</p> <p>19 Q -- reasonable interpretation?</p> <p>20 A You know, again, we've been down this</p> <p>21 road a little bit. This is a review article, so</p> <p>22 she's kind of looking at it globally. But I</p> <p>23 think that what you describe is one of the, sort</p> <p>24 of, take-home messages she's implying.</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 306</p> <p>1 Q Thank you. I'm honored --</p> <p>2 A Okay. We're done?</p> <p>3 Q -- to have kind of gotten it right.</p> <p>4 A We're done?</p> <p>5 Q No.</p> <p>6 A No?</p> <p>7 Q But I'm gonna shave 10 minutes off for</p> <p>8 that compliment.</p> <p>9 And in the paragraph 2, "General</p> <p>10 Concepts of Cancer Development," first</p> <p>11 paragraph --</p> <p>12 MS. CURRY:</p> <p>13 I'm sorry. The realtime is not --</p> <p>14 (Off the record.)</p> <p>15 A I wouldn't -- we -- can we sort of edge</p> <p>16 towards a break at some point?</p> <p>17 MS. THOMPSON:</p> <p>18 Q Yeah. Let's just go ahead and just</p> <p>19 finish -- almost finished, and then we'll come</p> <p>20 back. That's a good -- good spot.</p> <p>21 (Technical difficulties with realtime.)</p> <p>22 MS. THOMPSON:</p> <p>23 Q Are we okay going forward for a couple</p> <p>24 questions without the realtime?</p>	<p style="text-align: right;">Page 308</p> <p>1 MS. THOMPSON:</p> <p>2 Q Would you agree that some scientists</p> <p>3 tend to like one explanation or the other, and</p> <p>4 the other scientists liking a different</p> <p>5 explanation more than the first one?</p> <p>6 MS. CURRY:</p> <p>7 Object to the form.</p> <p>8 A I think that -- I think if you look at</p> <p>9 the investigators in this field, they'll come at</p> <p>10 it, as their expertise, from one direction or the</p> <p>11 other.</p> <p>12 But, you know -- you know, Brook is</p> <p>13 somebody who sees the big picture. I'd like to</p> <p>14 think I do, too. So there's some of us who look</p> <p>15 at the whole thing.</p> <p>16 MS. THOMPSON:</p> <p>17 Q Okay. That's a good explanation.</p> <p>18 But there are scientists doing credible</p> <p>19 work that are kind of in both camps?</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 A I think that's fair.</p> <p>23 MS. THOMPSON:</p> <p>24 Q And then I'm going to that next page.</p>
<p style="text-align: right;">Page 307</p> <p>1 A Yes.</p> <p>2 Q So in number 2, "General Concepts of</p> <p>3 Cancer Development."</p> <p>4 A Uh-huh.</p> <p>5 Q "The development and use of in vitro</p> <p>6 models over time has corresponded with the</p> <p>7 evolution of research and knowledge on cancer</p> <p>8 etiology in humans."</p> <p>9 Would you agree with that statement?</p> <p>10 A I think so, yes.</p> <p>11 Q Next sentence, "While some scientists</p> <p>12 have suggested that the relative contributions of</p> <p>13 DNA replications and mutations are overwhelming</p> <p>14 drivers of cancer risk, others argue that</p> <p>15 experimental and evolutionary data point to</p> <p>16 tissue microenvironment and epigenetic changes as</p> <p>17 being key to tumorigenesis."</p> <p>18 Would you agree with that statement?</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 A I think it's a quantitative issue. So</p> <p>22 in some tumors, mutagenesis takes prominence; in</p> <p>23 others, the microenvironment is important. And</p> <p>24 it's a spectrum.</p>	<p style="text-align: right;">Page 309</p> <p>1 I just have, I think, one more passage I'd like</p> <p>2 to read from this paper and get -- get your</p> <p>3 thoughts.</p> <p>4 The first full paragraph on the second</p> <p>5 page of the article, page 63, "The modern day</p> <p>6 definition of epigenetic mechanisms has evolved</p> <p>7 over time to encompass the fact that alterations</p> <p>8 in the primary structure of DNA do not underlie</p> <p>9 most changes in the development of tumors.</p> <p>10 Accordingly, an epigenetic trait can be a stable</p> <p>11 inheritable phenotype resulting from changes in a</p> <p>12 chromosome without alteration in the DNA</p> <p>13 sequence."</p> <p>14 Do you agree with that statement?</p> <p>15 MS. CURRY:</p> <p>16 Object to the form.</p> <p>17 A It strikes me as a little overstated,</p> <p>18 particularly the first part, "...epigenetic</p> <p>19 mechanism evolved over time to encompass the fact</p> <p>20 that alterations in the primary structure do not</p> <p>21 underline most changes." That, I -- I'm not sure</p> <p>22 where that's coming from.</p> <p>23 Now, it may be in a single tumor,</p> <p>24 epigenetic is more important than mutation; but</p>

78 (Pages 306 to 309)

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 310</p> <p>1 in others, a mutation would be more important. 2 Again, when we treat patients, as you 3 know, we're sequencing everything, and that's not 4 looking at epigenetics. It's looking at 5 mutations. Tumors are riddled with these things. 6 In fact, the problem that we face is what's the 7 driver versus the passenger. 8 MS. THOMPSON: 9 Q So in a particular tumor, either 10 mechanism -- well, it could be either mechanism 11 or both in various amount of contribution. Is 12 that a fair statement? 13 MS. CURRY: 14 Object to the form. 15 A I think it's a fair statement. 16 MS. THOMPSON: 17 Let's take a break. 18 VIDEOGRAPHER: 19 Off the record at 3:26 p.m. 20 (OFF THE RECORD.) 21 VIDEOGRAPHER: 22 We're back on the record at 3:45 p.m. 23 MS. THOMPSON: 24 Q Dr. Birrer, let's talk about Dr. Saed</p>	<p style="text-align: right;">Page 312</p> <p>1 So -- and then he did a fair amount of work on 2 adhesion, pure adhesion. 3 MS. THOMPSON: 4 Q And his adhesion work involved 5 oxidative stress in adhesions, didn't it? 6 A I think he would argue that. I 7 didn't -- it wasn't clear to me from my 8 perspective. But that's a component of what he 9 looked at. The unifying factor for me is that 10 it's gynecologic. 11 Q Okay. 12 A Okay. 13 Q And he has 234 peer-reviewed 14 publications; correct? Oh, no. Take that back. 15 A 136, isn't it? 16 Q 136. I was looking -- 17 A 136. Correct. 18 Q What is oxidative stress? 19 A Well, that's -- that's a biochemical 20 state, if you will, within -- we -- we consider 21 as biologists within cells. It exists in all 22 cells. And it's a balance between ox- -- you 23 know, oxidizing effects and antioxidants. 24 As a term, oxidative, of course, it's a</p>
<p style="text-align: right;">Page 311</p> <p>1 and his research. Okay? 2 A Okay. 3 Q Did you look at Dr. Saed's CV? 4 A I did. 5 Q I'll go ahead and mark that as exhibit 6 27. 7 (DEPOSITION EXHIBIT NUMBER 27 WAS 8 MARKED FOR IDENTIFICATION.) 9 A Thank you. 10 MS. THOMPSON: 11 Q And looking at his CV, would you agree 12 that the focus of his lab has been the study of 13 oxidative stress and its biological effects? 14 MS. CURRY: 15 Object to the form. 16 A Let me refresh my -- refresh my memory 17 on this a little bit. 18 So I think, you know, looking at, if I 19 recall correctly -- I would say that he -- one of 20 his -- one of the components of what he looks at 21 is oxidative stress. If you look at his career, 22 he's been fairly broadly over a broad number of 23 topics. He's looked at, like, gene amplification 24 in certain tumors, mostly in GYN, I might add.</p>	<p style="text-align: right;">Page 313</p> <p>1 chemistry definition. But this one, I think what 2 he means by oxidative stress is it's -- or what 3 you're implying is it's a biologic process. 4 Okay? 5 Q And is it fair to say that at least 6 some scientists believe that oxidative stress 7 plays a role in the etiology of many types of 8 cancers? 9 MS. CURRY: 10 Object to the form. 11 A I think it's safe to say oxidative 12 stress has been investigated and associated with 13 some cancers. 14 MS. THOMPSON: 15 Q Okay. Do you have an opinion on the 16 role of oxidative stress in the initiation of 17 ovarian cancer? 18 A I think that's unresolved at this 19 point. Most of the data that I know of for 20 oxidative stress, a lot of the data is in ovarian 21 tumors. They're already established. 22 Q Are -- would you say there are 23 scientists on both sides of that issue? 24 MS. CURRY:</p>

Michael Birrer, M.D., Ph.D.

Page 314	Page 316
<p>1 Object to the form.</p> <p>2 A Would you define that, please?</p> <p>3 MS. THOMPSON:</p> <p>4 Q The importance of oxidative stress in</p> <p>5 the pathogenesis of ovarian cancer.</p> <p>6 MS. CURRY:</p> <p>7 Object to the form.</p> <p>8 A I think it's an area of active</p> <p>9 investigation.</p> <p>10 MS. THOMPSON:</p> <p>11 Q Okay. So you would agree that</p> <p>12 researchers who believe that oxidative stress</p> <p>13 plays a role in the initiation or progression of</p> <p>14 ovarian cancer are not unreasonable?</p> <p>15 MS. CURRY:</p> <p>16 Object to the form.</p> <p>17 A It's a generalization that I can't</p> <p>18 comment on. Which researchers?</p> <p>19 MS. THOMPSON:</p> <p>20 Q Okay. But they wouldn't automatically</p> <p>21 be unreasonable?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A Because they believe --</p>	<p>1 A Yeah.</p> <p>2 Q Let's go to your report.</p> <p>3 A We're done with the CV?</p> <p>4 Q I think so.</p> <p>5 A Are you going to the report or the</p> <p>6 paper?</p> <p>7 Q I'm going to your report first.</p> <p>8 A Yeah. Okay.</p> <p>9 Q And then the report, I'll probably go</p> <p>10 to the -- this paper next.</p> <p>11 So in your report, going to page --</p> <p>12 actually, let's start on page 19.</p> <p>13 A Uh-huh.</p> <p>14 Q And you have the big heading, Section</p> <p>15 4 --</p> <p>16 A Uh-huh.</p> <p>17 Q -- Dr. Saed's Plaintiff-Funded</p> <p>18 Research.</p> <p>19 Did you write that heading?</p> <p>20 A Yes.</p> <p>21 Q What is the basis for calling</p> <p>22 Dr. Saed's research plaintiff-funded?</p> <p>23 A My understanding is after he submitted</p> <p>24 his -- the preprint said -- revealed,</p>
Page 315	Page 317
<p>1 MS. THOMPSON:</p> <p>2 Q Because they believe in the importance</p> <p>3 of oxidative stress.</p> <p>4 A I don't think so.</p> <p>5 Q They wouldn't automatically be</p> <p>6 credible -- not credible?</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A That would depend on the work they've</p> <p>10 done --</p> <p>11 MS. THOMPSON:</p> <p>12 Q Okay.</p> <p>13 A -- in their experiments.</p> <p>14 Q All right. And they wouldn't</p> <p>15 automatically be uninformed. Would you agree</p> <p>16 with that?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 MS. THOMPSON:</p> <p>20 Q It would depend?</p> <p>21 A We need to look at their -- their</p> <p>22 scientific investigation to determine if they're</p> <p>23 uninformed.</p> <p>24 Q Okay.</p>	<p>1 essentially, nothing, and then the actual paper,</p> <p>2 I believe, said that he was -- that he was a</p> <p>3 consultant and an expert witness.</p> <p>4 Q Does that mean to you plaintiff-funded</p> <p>5 research?</p> <p>6 A Well, I mean, that was a separate</p> <p>7 issue, that there was money actually flowing into</p> <p>8 his lab.</p> <p>9 Q What -- what is your basis for saying</p> <p>10 there was money flowing into his lab?</p> <p>11 A I think that's what we -- I saw in</p> <p>12 his -- let me see. Hang on -- his deposition.</p> <p>13 Q What did his deposition say about that?</p> <p>14 A I'd have to refresh my memory. Do you</p> <p>15 have it?</p> <p>16 Q Do you recall that the funding for the</p> <p>17 research came from his university lab funds and</p> <p>18 that he was paid for his time as a consultant?</p> <p>19 Does that sound right?</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 A I think I remember that the exchange</p> <p>23 was he was saying his departmental monies and</p> <p>24 then he was asked, okay, where does that come</p>

80 (Pages 314 to 317)

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 318</p> <p>1 from, and he couldn't answer that and said, well,</p> <p>2 I don't know. And the problem is --</p> <p>3 MS. THOMPSON:</p> <p>4 Q That's -- that's just not right.</p> <p>5 A Okay. Can we look at it?</p> <p>6 Q And I don't have his deposition here.</p> <p>7 But to put as your heading "Dr. Saed's</p> <p>8 Plaintiff-Funded Research" without really knowing</p> <p>9 the situation is -- doesn't sound like something</p> <p>10 you would write in a paper.</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A No.</p> <p>14 MS. THOMPSON:</p> <p>15 Q Does it?</p> <p>16 A In a peer-review paper?</p> <p>17 Q Right.</p> <p>18 A No. But this is not a peer-review</p> <p>19 paper.</p> <p>20 Q Well, did you not --</p> <p>21 A The fact that he has plaintiff-funded</p> <p>22 research and hasn't really revealed it is a huge</p> <p>23 issue.</p> <p>24 Q What -- what's your basis for saying he</p>	<p style="text-align: right;">Page 320</p> <p>1 A Yeah.</p> <p>2 Q -- the published manuscript.</p> <p>3 (DEPOSITION EXHIBIT NUMBER 28</p> <p>4 WAS MARKED FOR IDENTIFICATION.)</p> <p>5 MS. THOMPSON:</p> <p>6 Q Have you seen that?</p> <p>7 A I have seen this, yes.</p> <p>8 Q And you're talking about the conflict</p> <p>9 of interest statement; correct?</p> <p>10 A Yes.</p> <p>11 Q Doctor -- I'm sorry. Exhibit 28 is his</p> <p>12 manuscript.</p> <p>13 And the declaration of conflicting</p> <p>14 interests.</p> <p>15 A Uh-huh.</p> <p>16 Q "Dr. Saed has served as a paid</p> <p>17 consultant and expert witness in the talcum</p> <p>18 litigation."</p> <p>19 Is -- is that a reason to make the</p> <p>20 heading of your report "Dr. Saed's</p> <p>21 Plaintiff-Funded Research"?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A Well, I think -- so I guess the</p>
<p style="text-align: right;">Page 319</p> <p>1 hasn't revealed it?</p> <p>2 A It's not on the manuscript.</p> <p>3 Q The manuscript that's published?</p> <p>4 A Yeah.</p> <p>5 Q Well, let's look at the manuscript.</p> <p>6 So is your criticism that it's not on</p> <p>7 the manuscript or that it's plaintiff-funded</p> <p>8 research?</p> <p>9 MS. CURRY:</p> <p>10 Object to the form.</p> <p>11 A Well, it's two. Yeah.</p> <p>12 MS. THOMPSON:</p> <p>13 Q Because there's nothing in that heading</p> <p>14 that says this research -- I just -- I just don't</p> <p>15 understand the heading "Dr. Saed's</p> <p>16 Plaintiff-Funded Research."</p> <p>17 A So I think there's two components</p> <p>18 there. One is I think it is an issue that --</p> <p>19 that there's dollars flowing to do some of that</p> <p>20 research. I think that raises an issue of how</p> <p>21 objective he is.</p> <p>22 And then a second issue is at a minimum</p> <p>23 it should be revealed.</p> <p>24 Q Now, this is --</p>	<p style="text-align: right;">Page 321</p> <p>1 question is: Is this accurate? This was not on</p> <p>2 the preprint. This was not on the --</p> <p>3 MS. THOMPSON:</p> <p>4 Q This is what's published; right?</p> <p>5 A That's not a preprint.</p> <p>6 Q Do you know what correspondence</p> <p>7 Dr. Saed -- or what -- what are you speaking of?</p> <p>8 The submission to --</p> <p>9 A The paper was submitted to GYN ONC and</p> <p>10 rejected, and then the paper was submitted to --</p> <p>11 this is Reproductive Sciences. And those --</p> <p>12 again, do we have a copy of that? I got the</p> <p>13 preprint which stated -- which said none of that.</p> <p>14 Q Okay. We'll get to that in a minute.</p> <p>15 A This was only put on afterwards.</p> <p>16 Q Do you have any -- do you have any</p> <p>17 knowledge of the conversations that Dr. Saed had</p> <p>18 with the editors of either journal as to what</p> <p>19 should go on his conflict of interest statement</p> <p>20 with the situation that he was in?</p> <p>21 Do you have any knowledge of that</p> <p>22 whatsoever?</p> <p>23 A Verbal conversations.</p> <p>24 Q Written and verbal conversations.</p>

Michael Birrer, M.D., Ph.D.

Page 322	Page 324
<p>1 A So verbal conversations, I don't know. 2 I'm not there. The written interactions between 3 the journals, we had copies of. 4 Q And you think what you saw was 5 sufficient enough for you to state "Dr. Saed's 6 Plaintiff-Funded Research" in this report? 7 A I think so, yeah. It's a big issue. 8 Q Wouldn't a scientist want to look at 9 the research before they call it plaintiff-funded 10 research? 11 MS. CURRY: 12 Object to the form. 13 MS. THOMPSON: 14 Q Doesn't that automatically indicate 15 that you think the research is biased? 16 A Well, again, I -- so as this document 17 evolved, I looked at the science and I -- I was 18 chagrined. That then put this into context. I 19 think -- I think it's a concern. 20 Q Well, couldn't you have just said 21 "Dr. Saed's Research" and then written your 22 comments without making the heading 23 "Plaintiff-Funded Research"? 24 MS. CURRY:</p>	<p>1 actual research in the lab, is that -- 2 A I can't quite -- 3 MS. CURRY: 4 Object to the form. 5 A I can't quite remember. 6 MS. THOMPSON: 7 Q Okay. 8 A But -- 9 Q So -- 10 A It was a big position. 11 Q So do you think that heading is fair? 12 A I think it is. 13 Q Do you remember Dr. Saed's testimony 14 that he would have been -- that he would have 15 been happy to do the same research had 16 Johnson & Johnson approached him on the same 17 topic? 18 MS. CURRY: 19 Object to the form. 20 A I can't remember. Do you have the 21 deposition? 22 MS. THOMPSON: 23 Q I don't. 24 A Okay.</p>
Page 323	Page 325
<p>1 Object to the form. 2 A I could have. 3 MS. THOMPSON: 4 Q Isn't there plenty of research being 5 done that's funded by various entities that's 6 quality research? 7 A So there's a broad spectrum of -- 8 Q Answer my question. Isn't there a lot 9 of research that's being done funded by various 10 entities that's quality research? 11 A As a general statement? 12 Q Uh-huh. 13 A Yes. 14 Q Yes. 15 And funding has to come from somewhere; 16 correct? 17 MS. CURRY: 18 Object to the form. 19 A Can't work without money. 20 MS. THOMPSON: 21 Q And, again, you may not remember this 22 from Dr. Saed's deposition, but his testimony 23 that there was no money coming from the 24 litigation into his lab funds which paid for the</p>	<p>1 Q You don't remember that he said his 2 research would have been the same and he would 3 have been willing to do it for Johnson & Johnson? 4 MS. CURRY: 5 Object to the form. 6 A I can't remember it. 7 MS. THOMPSON: 8 Q To your knowledge, has 9 Johnson & Johnson approached any researcher about 10 doing studies that would help understand whether 11 talcum powder has any molecular effects? 12 MS. CURRY: 13 Object to the form. 14 A He certainly didn't approach me. But 15 I -- I think I recall in the past they've had a 16 J & J-funded study, I think, which was 17 acknowledged on the paper. 18 MS. THOMPSON: 19 Q A molecular study? 20 A I can't say that. 21 Q If you had that, I would certainly like 22 to see it. So, to your knowledge, 23 Johnson & Johnson hasn't asked -- has not asked 24 any researchers to look at the molecular effects</p>

Michael Birrer, M.D., Ph.D.

Page 326	Page 328
<p>1 of talcum powder in cell culture?</p> <p>2 A Outside the company, right?</p> <p>3 Q How about inside the company?</p> <p>4 A I don't know. I don't know what goes</p> <p>5 on there.</p> <p>6 Q Did you ask the attorneys --</p> <p>7 A No.</p> <p>8 Q -- if Johnson & Johnson had done any</p> <p>9 studies that you could look at and --</p> <p>10 A No.</p> <p>11 Q -- criticize in the same way you did</p> <p>12 Dr. Saed?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A Well, I wouldn't rely on those, the</p> <p>16 internal documents. I would have to know the</p> <p>17 context.</p> <p>18 MS. THOMPSON:</p> <p>19 Q Well, can't you --</p> <p>20 A But this is -- this is peer-reviewed.</p> <p>21 Q Can't you find the context of -- of</p> <p>22 what studies have been done by the company?</p> <p>23 A I think that would be hard.</p> <p>24 Q So it would be of no interest to you</p>	<p>1 A No.</p> <p>2 Q Did you have any conversations by</p> <p>3 email, text or phone with the editors or any</p> <p>4 other representatives of the journal regarding</p> <p>5 this paper?</p> <p>6 A No.</p> <p>7 Q Did you have any conversations with</p> <p>8 Johnson & Johnson regarding the manuscript while</p> <p>9 it was under review?</p> <p>10 A No.</p> <p>11 Q Did you have any conversations with any</p> <p>12 of the reviewers on the paper?</p> <p>13 A I don't know who the reviewers were.</p> <p>14 Q Okay.</p> <p>15 A Yeah.</p> <p>16 Q But you have seen the reviewer comments</p> <p>17 from GYN Oncology; correct?</p> <p>18 A I did.</p> <p>19 Do we have a copy?</p> <p>20 MS. CURRY:</p> <p>21 I think she's --</p> <p>22 MS. THOMPSON:</p> <p>23 Yeah, I'm --</p> <p>24 (DEPOSITION EXHIBIT NUMBER 29 WAS</p>
Page 327	Page 329
<p>1 one way or the other whether Johnson & Johnson</p> <p>2 had done any molecular studies on talcum powder</p> <p>3 and its effect on -- on tissue or cells?</p> <p>4 A Correct.</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A Correct.</p> <p>8 MS. THOMPSON:</p> <p>9 Q When did you -- is the paper that we</p> <p>10 just marked as exhibit --</p> <p>11 A 28.</p> <p>12 Q -- 28, was that paper peer-reviewed?</p> <p>13 A This is a peer-review journal.</p> <p>14 Q And when did you first see the</p> <p>15 unpublished manuscript?</p> <p>16 A I am gonna really -- I'm stretching on</p> <p>17 this. I think it was about -- let's say a month</p> <p>18 or two before this.</p> <p>19 Q Okay. So a couple months ago?</p> <p>20 A Yeah.</p> <p>21 Q Do you review papers for Gynecologic</p> <p>22 Oncology?</p> <p>23 A I do.</p> <p>24 Q Were you asked to review this paper?</p>	<p>1 MARKED FOR IDENTIFICATION.)</p> <p>2 MS. THOMPSON:</p> <p>3 Q I'm gonna go ahead and mark Exhibit 29.</p> <p>4 29 will be the reviewer comments from the journal</p> <p>5 Gynecologic Oncology.</p> <p>6 A Uh-huh.</p> <p>7 Q And again, that journal is the</p> <p>8 journal -- or maybe we haven't discussed this --</p> <p>9 it's the journal for SGO, the Society of</p> <p>10 Gynecologic Oncologists; correct?</p> <p>11 A Correct.</p> <p>12 Q Did I give you a highlighted copy?</p> <p>13 A You did, actually. It's very helpful.</p> <p>14 Q Let me switch that. I'm sure it was.</p> <p>15 Actually, it probably wasn't.</p> <p>16 A I've seen these before.</p> <p>17 (DEPOSITION EXHIBIT NUMBER 30 WAS</p> <p>18 MARKED FOR IDENTIFICATION.)</p> <p>19 MS. THOMPSON:</p> <p>20 Q And then I'm gonna also, at the same</p> <p>21 time, give you Exhibit 30, which is the reviewer</p> <p>22 comments from Reproductive Sciences.</p> <p>23 A All right.</p> <p>24 Q Both are peer-reviewed journals, as you</p>

83 (Pages 326 to 329)

Michael Birrer, M.D., Ph.D.

Page 330	Page 332
<p>1 mentioned; right?</p> <p>2 A Yes. Difference in impact, but both</p> <p>3 peer review.</p> <p>4 Q And they have a -- a different audience</p> <p>5 readership, too, wouldn't you agree?</p> <p>6 A I would agree, yes.</p> <p>7 MS. CURRY:</p> <p>8 Do you have another copy of Exhibit 30?</p> <p>9 MS. THOMPSON:</p> <p>10 Yes. I'm sorry.</p> <p>11 MS. CURRY:</p> <p>12 Thank you.</p> <p>13 MS. THOMPSON:</p> <p>14 That good?</p> <p>15 MS. CURRY:</p> <p>16 Yes.</p> <p>17 MS. THOMPSON:</p> <p>18 Q In your report, you make the statement</p> <p>19 "Unsurprisingly, this manuscript has serious</p> <p>20 methodologic, experimental and analysis flaws."</p> <p>21 A I'm sorry. Are you in the beginning of</p> <p>22 this last paragraph of 19?</p> <p>23 Q No.</p> <p>24 A No?</p>	<p>1 Q Reading the letter to Dr. Saed:</p> <p>2 "Your paper, referenced above, has now</p> <p>3 been reviewed by at least two reviewers -- has</p> <p>4 now been reviewed by at least two experts in the</p> <p>5 field and the editors. Based on the reviewer</p> <p>6 comments, we must inform you that while your work</p> <p>7 is not without merit, we are unable to accept</p> <p>8 your manuscript for publication in Gynecologic</p> <p>9 Oncology. In the last year we have seen a</p> <p>10 significant increase in the number of manuscripts</p> <p>11 submitted to the journal, and, as a result, we</p> <p>12 are now accepting less than 20 percent of the</p> <p>13 manuscripts submitted to the Gynecologic</p> <p>14 Oncology."</p> <p>15 Certainly in that first paragraph there</p> <p>16 were -- there was no language that resembles this</p> <p>17 manuscript has serious methodologic, experimental</p> <p>18 and analysis flaws, is there?</p> <p>19 A No.</p> <p>20 Q The second paragraph, "We have attached</p> <p>21 the comments of the reviewers below in order for</p> <p>22 you to understand the basis for our decision. We</p> <p>23 hope that their thoughtful comments will help you</p> <p>24 in your future studies and possibly with</p>
Page 331	Page 333
<p>1 Q It's in another spot. Let me find it.</p> <p>2 A Maybe it's under the paper.</p> <p>3 Q Yeah. Page 24.</p> <p>4 A Yep. Yeah.</p> <p>5 Q "Unsurprisingly, this manuscript has</p> <p>6 serious methodologic, experimental and analysis</p> <p>7 flaws."</p> <p>8 A Uh-huh.</p> <p>9 Q Did you see any language to that effect</p> <p>10 in the peer-reviewers' comments?</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A One second.</p> <p>14 MS. THOMPSON:</p> <p>15 Q Well, let me just ask you.</p> <p>16 Did those words appear in the reviewer</p> <p>17 comments?</p> <p>18 A No, I don't think so.</p> <p>19 Q Okay.</p> <p>20 A Yeah.</p> <p>21 Q So let's -- I want to actually go</p> <p>22 through the reviewer comments. We'll start with</p> <p>23 Gynecologic Oncology.</p> <p>24 A Yep.</p>	<p>1 submission to another journal.</p> <p>2 "Please note that a revised version of</p> <p>3 the current manuscript should not be submitted</p> <p>4 for another review to Gynecologic Oncology."</p> <p>5 There's certainly no language in that</p> <p>6 paragraph that resembles serious methodologic,</p> <p>7 experimental and analysis flaws, is there?</p> <p>8 A No.</p> <p>9 Q And the reviewers actually encouraged</p> <p>10 Dr. Saed to submit the article to another</p> <p>11 journal; correct?</p> <p>12 A Well, this isn't the reviewer. This is</p> <p>13 the editor.</p> <p>14 Q The editor?</p> <p>15 A Yeah.</p> <p>16 Q The editors?</p> <p>17 A Yeah. And this is boilerplate. You'd</p> <p>18 always get this. They're not --</p> <p>19 Q Well, I'm just asking you for the --</p> <p>20 for what the -- what the letter says.</p> <p>21 A Yeah. Yeah.</p> <p>22 Q "The critique of this letter in no way</p> <p>23 implies a lack of interest in this area of</p> <p>24 research and we invite you to submit your future</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 334</p> <p>1 work to the journal."</p> <p>2 Is that what the letter from</p> <p>3 Dr. Bristow, the editor says?</p> <p>4 A Correct.</p> <p>5 Q And, in fact, Dr. Saed has published</p> <p>6 several times in this journal previously.</p> <p>7 Are you aware of that?</p> <p>8 A Yeah. I believe so, yeah.</p> <p>9 Q So let's go ahead and go through the --</p> <p>10 the reviewer comments. Reviewer number 1 --</p> <p>11 And, as you testified, you don't know</p> <p>12 who these reviewers are; correct?</p> <p>13 A I don't.</p> <p>14 Q Reviewer 1, in his summary of</p> <p>15 Dr. Saed's paper, says "The stated objective of</p> <p>16 the study by Fletcher and colleagues is to</p> <p>17 determine the effects of talc on expression of</p> <p>18 key inflammatory and redox markers in ovarian</p> <p>19 cancer and normal cell lines. Normal ovarian and</p> <p>20 EOC cells were treated with various doses of talc</p> <p>21 for 48 hours. Levels of CA-125 and selected key</p> <p>22 redox enzymes were measured using realtime P --</p> <p>23 RT-PCR and ELISA."</p> <p>24 Is that an accurate statement of what</p>	<p style="text-align: right;">Page 336</p> <p>1 MS. THOMPSON:</p> <p>2 Q Right.</p> <p>3 A Yeah.</p> <p>4 Q "This is an important but controversial</p> <p>5 topic in need of rigorous scientific inquiry."</p> <p>6 Why is this a controversial topic, in</p> <p>7 your mind?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 MS. THOMPSON:</p> <p>11 Q Or is it a controversial topic to you?</p> <p>12 A I would assume they're referring to the</p> <p>13 potential role of talc in ovarian cancer. But</p> <p>14 I'm -- again, it's speculative.</p> <p>15 Q Okay.</p> <p>16 A I'm guessing.</p> <p>17 Q So you wouldn't know why it would be</p> <p>18 considered controversial?</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 A No. Not -- not in -- no, vis-à-vis</p> <p>22 from what the reviewer's saying.</p> <p>23 MS. THOMPSON:</p> <p>24 Q "The current in vitro study does" --</p>
<p style="text-align: right;">Page 335</p> <p>1 the objective of the study was?</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 A I think that's -- I think that's a</p> <p>5 little terse, but it covers the bases.</p> <p>6 MS. THOMPSON:</p> <p>7 Q And then beginning with the reviewer</p> <p>8 comments, reviewer number 1 says "Overall, this</p> <p>9 is a well-written manuscript and the conclusions</p> <p>10 are supported by the results."</p> <p>11 Do you disagree with that comment by</p> <p>12 reviewer number 1?</p> <p>13 A That's very generous. I don't agree</p> <p>14 with it. Particularly the latter part.</p> <p>15 Q But at least that's what the</p> <p>16 reviewer --</p> <p>17 A Correct.</p> <p>18 Q -- who was -- you would think was</p> <p>19 chosen because of their expertise in the field,</p> <p>20 those are the reviewer comments regarding</p> <p>21 Dr. Saed's paper; correct?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A For reviewer 1.</p>	<p style="text-align: right;">Page 337</p> <p>1 reading on, "The current in vitro study does</p> <p>2 provide novel information, but there are also</p> <p>3 some important limitations described below."</p> <p>4 Would you agree that it's common to</p> <p>5 have a back-and-forth with a reviewer and author</p> <p>6 before publication of a paper?</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A Some papers are accepted de novo, but</p> <p>10 it's unusual. Usually there are criticisms and,</p> <p>11 then you'd have to revise. Sometimes if it's</p> <p>12 Cancer Cell, it goes back and forth for two</p> <p>13 years.</p> <p>14 MS. THOMPSON:</p> <p>15 Q The reviewer number 1 in -- in the</p> <p>16 bullet point number 1, said "The significance of</p> <p>17 the study would be greatly enhanced if a mouse</p> <p>18 model corroborated the cell line findings."</p> <p>19 I would -- I'm guessing you're gonna</p> <p>20 agree with that statement?</p> <p>21 A I do.</p> <p>22 Q But you would also agree, I think, that</p> <p>23 oftentimes you -- a researcher would start with</p> <p>24 an in vitro study; correct?</p>

85 (Pages 334 to 337)

Michael Birrer, M.D., Ph.D.

Page 338	Page 340
<p>1 A Frequently.</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 MS. THOMPSON:</p> <p>5 Q And what would the reasons for that be?</p> <p>6 A It's usually easier.</p> <p>7 Q Less costly?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A By definition.</p> <p>11 MS. THOMPSON:</p> <p>12 Q And could be completed in less time?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A Usually, yeah.</p> <p>16 MS. THOMPSON:</p> <p>17 Q Do you -- do you have any idea or</p> <p>18 knowledge of what experiments Dr. Saed is</p> <p>19 currently doing in the -- in the area of talcum</p> <p>20 powder and its biologic effects?</p> <p>21 MS. CURRY:</p> <p>22 Object to the form.</p> <p>23 A I don't.</p> <p>24 MS. THOMPSON:</p>	<p>1 A I'm not done with my response.</p> <p>2 So let me finish the first statement.</p> <p>3 Q Okay.</p> <p>4 A I think if you could show a phenom- --</p> <p>5 if you could show the biologic effects in a mouse</p> <p>6 model, then it's much stronger data, regardless</p> <p>7 of the cell lines.</p> <p>8 I don't -- I would agree I don't think</p> <p>9 Dr. Saed said much about CA-125 being -- being</p> <p>10 involved in ovarian cancer development, and</p> <p>11 that's the point. I don't understand, and I</p> <p>12 think a lot of other of us who have looked at</p> <p>13 this, don't understand what the value is of the</p> <p>14 increase in CA-125.</p> <p>15 Q Do you know that when Dr. Saed</p> <p>16 presented the initial data at the meeting, that</p> <p>17 the attendees requested that he perform CA-125</p> <p>18 and that's why he performed it? Do you remember</p> <p>19 seeing that in his deposition?</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 A I didn't see that. Which meeting was</p> <p>23 this? Do you know?</p> <p>24 MS. THOMPSON:</p>
Page 339	Page 341
<p>1 Q In this reviewer's opinion, "The cell</p> <p>2 line studies alone and the increase in CA-125,</p> <p>3 while intriguing, are not sufficiently</p> <p>4 convincing."</p> <p>5 Would you agree with that statement?</p> <p>6 A Absolutely.</p> <p>7 Q And so a mouse model corroboration of</p> <p>8 the findings would be -- would enhance the</p> <p>9 results; correct?</p> <p>10 A Not from my perspective. And I'm not</p> <p>11 so sure this reviewer's implying that. I think</p> <p>12 there's a real question anything can be</p> <p>13 interpreted from the cell line studies, and any</p> <p>14 increase in CA-125 is meaningless because CA-125</p> <p>15 is a marker.</p> <p>16 So I think --</p> <p>17 Q Well, wait a minute.</p> <p>18 Did Dr. Saed say anything about</p> <p>19 CA-125 --</p> <p>20 MS. CURRY:</p> <p>21 Are you done with your response?</p> <p>22 MS. THOMPSON:</p> <p>23 Q -- being the significance with the</p> <p>24 findings?</p>	<p>1 Q SRI, 2018.</p> <p>2 A Okay.</p> <p>3 Q Society of Reproductive Investigators.</p> <p>4 A And did they indicate -- anybody</p> <p>5 indicate what the purpose of that was?</p> <p>6 Q I can't tell you that.</p> <p>7 But, listen, I'm -- I'm just reading</p> <p>8 the reviewer's comments --</p> <p>9 A Yeah.</p> <p>10 Q -- without either one of us trying to</p> <p>11 speculate on what he means.</p> <p>12 But the statement is "The significance</p> <p>13 of this study would be greatly enhanced if a</p> <p>14 mouse model corroborated the cell line findings."</p> <p>15 So there were cell line findings to be</p> <p>16 corroborated; correct?</p> <p>17 A Correct.</p> <p>18 Q The reviewer number 1 also said "The</p> <p>19 significance of SNP alterations" -- that's SNP,</p> <p>20 all capitalized -- "should be further clarified."</p> <p>21 And I think you would agree with that;</p> <p>22 correct?</p> <p>23 MS. CURRY:</p> <p>24 Object to the form.</p>

Michael Birrer, M.D., Ph.D.

Page 342	Page 344
<p>1 A I strongly agree with that.</p> <p>2 MS. THOMPSON:</p> <p>3 Q And the viewer -- reviewer commented,</p> <p>4 "The first bulleted highlight, Oxidative Stress,</p> <p>5 is a key mechanism to the initiation and</p> <p>6 progression of ovarian cancer is not supported by</p> <p>7 this investigation and should be omitted."</p> <p>8 Does the reviewer comment on why that</p> <p>9 should be -- that line should be omitted, other</p> <p>10 than it wasn't supported by this investigation</p> <p>11 with talcum powder?</p> <p>12 A No. It would be speculative. It's --</p> <p>13 it's as you read it.</p> <p>14 Q Okay. Do you know that -- that</p> <p>15 virtually that exact statement has been published</p> <p>16 in this same journal in the past by Dr. Saed and</p> <p>17 others?</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 A As a stand-alone statement?</p> <p>21 MS. THOMPSON:</p> <p>22 Q Yeah. Yes.</p> <p>23 A Yeah. I don't think that addresses</p> <p>24 what the reviewer is saying.</p>	<p>1 Object to the form.</p> <p>2 A And it's -- and it's -- I don't know --</p> <p>3 just one comment that it's more detailed, which</p> <p>4 makes someone like me as a third party look at</p> <p>5 and say, well, they actually read the paper. I'd</p> <p>6 worry a little about if reviewer 1 didn't read it</p> <p>7 carefully enough.</p> <p>8 MS. THOMPSON:</p> <p>9 Q But you have no idea what he did?</p> <p>10 A I've been speculating all day.</p> <p>11 Q Okay. All right. And then the first</p> <p>12 sentence of reviewer number 2, "While the authors</p> <p>13 compellingly show changes in several key enzymes</p> <p>14 recognizing redox potential in cells exposed to</p> <p>15 talc, their data do not show, despite the</p> <p>16 author's claim, any evidence that these cells are</p> <p>17 transformed."</p> <p>18 Do you agree with reviewer number 2 in</p> <p>19 that statement?</p> <p>20 A I agree.</p> <p>21 Q Second sentence, "Specifically, no</p> <p>22 experiments documenting changes in cell survival</p> <p>23 proliferation are resistant to apoptosis have</p> <p>24 been performed."</p>
Page 343	Page 345
<p>1 Q Yeah.</p> <p>2 A The reviewer's saying it's not</p> <p>3 supported by --</p> <p>4 Q And that's the point I was trying to</p> <p>5 make.</p> <p>6 So -- so you would agree that it</p> <p>7 doesn't sound like it's the statement that's at</p> <p>8 issue; it's whether the talcum powder studies are</p> <p>9 supportive of that statement?</p> <p>10 MS. CURRY:</p> <p>11 Object to the form.</p> <p>12 A Well, the way it's phrased here -- the</p> <p>13 way it's phrased here, I agree. Yeah.</p> <p>14 MS. THOMPSON:</p> <p>15 Q Let's go to reviewer number 2.</p> <p>16 A Uh-huh.</p> <p>17 Q And reviewer number 2 gives a similar</p> <p>18 summary, perhaps with a little more detail.</p> <p>19 A Yeah.</p> <p>20 Q But would you agree it's an accurate</p> <p>21 description of what the objectives of the study</p> <p>22 were?</p> <p>23 A It is.</p> <p>24 MS. CURRY:</p>	<p>1 And that's correct; right?</p> <p>2 A So he does show what he thinks is</p> <p>3 proliferation, if I recall correctly. I believe</p> <p>4 it's an MMT -- MTT assay.</p> <p>5 Q Well, those experiments were done</p> <p>6 following reviewer number 2's recommendation. Is</p> <p>7 that your understanding?</p> <p>8 A Well, I --</p> <p>9 Q In the --</p> <p>10 A Yeah.</p> <p>11 Q In the first manuscript. Do you</p> <p>12 remember that?</p> <p>13 A You could be right. I don't have it</p> <p>14 pre- -- I don't have that version in front of me.</p> <p>15 Q You may have to just take my word for</p> <p>16 that.</p> <p>17 MS. CURRY:</p> <p>18 I have a copy of it if you need it.</p> <p>19 MS. THOMPSON:</p> <p>20 No. It's not too -- I don't think it's</p> <p>21 too much --</p> <p>22 A But I can say, in particular, cell</p> <p>23 survival resistant apoptosis, I don't think has</p> <p>24 been effectively performed.</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 346</p> <p>1 MS. THOMPSON: 2 Object. That didn't answer a question. 3 Nonresponsive. 4 Q Next sentence, "Consequently, neither 5 tumor initiation nor progression is documented in 6 this study as opposed to the statement in 7 highlight number 1 and elsewhere." 8 "While changes in redox potential play 9 an important role in tumor biology in general, 10 the present data are insufficient to back up the 11 claim that talc is central to the development of 12 ovarian cancer." 13 Did Dr. Saed make a claim that talcum 14 is central to the development of ovarian cancer, 15 that you recall? 16 A I don't recall him saying that. 17 Q I don't either. 18 "Other comments: The introduction 19 should be better organized with shorter 20 description of the general features of ovarian 21 cancer, replaced by a brief overview of redox 22 proteins in cancer, followed by a discussion of 23 their role in ovarian cancer." 24 That's more a style issue. Would you</p>	<p style="text-align: right;">Page 348</p> <p>1 Q Where in -- where in Dr. Saed's paper 2 does it say this paper shows talcum powder 3 transforms ovarian cells? 4 A Do we have the original? 5 Q We're looking at the published 6 manuscript. 7 MS. CURRY: 8 But the comments are based on the -- 9 A This is the one published in -- and you 10 already told me he changed some of the 11 experiments. 12 MS. THOMPSON: 13 Q Was -- shouldn't your critique be the 14 published paper? 15 A Well, you're asking me to review this; 16 right? 17 Q Okay. We can pull out the -- we can 18 pull out the published manuscript. 19 But certainly in the published paper, 20 there are no claims that cells are transformed, 21 are there? 22 A Well, let's take a look. 23 Q It's certainly not in the abstract or 24 in the conclusion -- in the summary, is it?</p>
<p style="text-align: right;">Page 347</p> <p>1 agree? 2 MS. CURRY: 3 Object to the form. 4 A Make it -- make it more readable, yeah. 5 MS. THOMPSON: 6 Q And, then, the -- finally, "The fact 7 that SNPs were changed following such short 8 exposure to talcum is surprising and makes one 9 wonder what the biological effects of such change 10 might be." 11 And those are the reviewer comments 12 from Gynecologic Oncology; correct? 13 A Correct. 14 Q Did the peer-reviewers raise concerns 15 about Dr. Saed's, in your words, unsubstantiated 16 assumptions? 17 A Well, I -- I think it's implicit in 18 some of the comments. 19 Q That there are unsubstantiated 20 assumptions? 21 A So -- so I think if you read the second 22 paragraph of the second reviewer -- remember, 23 this paper basically says that talc transforms 24 ovarian cancer cells.</p>	<p style="text-align: right;">Page 349</p> <p>1 A I'm just getting through the discussion 2 a little bit. It may be -- may be buried in 3 there or may be an implication that the soft 4 argarose cloning is reflective of only the 5 changes. 6 Q Dr. Saed's paper does not claim that 7 the cells were transformed, does it? 8 A Let me look through it, then. 9 Q Okay. Let's go off the record. 10 VIDEOGRAPHER: 11 Off the record at 4:23 p.m. 12 (OFF THE RECORD.) 13 VIDEOGRAPHER: 14 We're back on the record at 4:24 p.m. 15 A Page 7 on the bottom. "In this study 16 we've shown that talc enhances cellular 17 proliferation, induces inhibition of apoptosis 18 and C-cells" -- 19 MS. CURRY: 20 Gotta go slow for Lois. 21 THE WITNESS: 22 Oh. 23 -- "but, more importantly, in normal 24 cells, suggesting talc is a stimulus to the</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 350</p> <p>1 development of an oncogenic phenotype." 2 MS. THOMPSON: 3 Q That doesn't say the cells were 4 transformed, does it? 5 A I think for those of us in the field 6 that implies transformation. 7 Q Well, it certainly doesn't state -- 8 state cells were transformed, as you stated 9 earlier. 10 MS. CURRY: 11 Object to the form. 12 MS. THOMPSON: 13 Q Did the reviewers have -- raise any 14 concerns about serious flaws in methodology? 15 A You know, the significance of SNP 16 alteration should be further clarified. That's a 17 pleasant way of saying I don't understand what 18 you're doing. 19 Q I'm asking did the peer-reviewers raise 20 concerns about serious flaws in methodology? 21 MS. CURRY: 22 Object to the form. 23 A In those terms? 24 MS. THOMPSON:</p>	<p style="text-align: right;">Page 352</p> <p>1 MS. CURRY: 2 Object to the form. 3 A Correct. 4 MS. THOMPSON: 5 Q And wouldn't that be the flaws in the 6 analysis that you're referring to? 7 A I don't know what that refers to in 8 vis-à-vis my statement. 9 Q Did the reviewers state that any of the 10 cell line findings appeared to be inaccurate? 11 A No. 12 Q Did the reviewers state that the wrong 13 cell lines were used? 14 A No. 15 Q Did the reviewers state that the doses 16 were inappropriate? 17 A No. 18 Q Did the reviewers state that the CA-125 19 findings were irrelevant? 20 MS. CURRY: 21 Object to the form. 22 A Increase in CA-125 while intriguing are 23 not sufficiently convincing to make it relevant 24 or not.</p>
<p style="text-align: right;">Page 351</p> <p>1 Q Yes, in those terms. 2 A No. 3 Q Did the peer-reviewers raise concerns 4 about serious flaws in the experiments? 5 A In those terms? 6 Q Right. 7 A No. 8 Q Did the peer-reviewers raise serious 9 concerns about flaws in the analysis? 10 A No. 11 Q And, in fact, peer-reviewer number 1 12 explicitly stated that "The conclusions are 13 supported by the results." 14 Right? 15 MS. CURRY: 16 Object to the form. 17 A They rejected the paper. 18 MS. THOMPSON: 19 Q I -- that wasn't my question. 20 The question was -- I mean, my question 21 was that the reviewer number 1 specifically 22 states "The conclusions are supported by the 23 results." 24 Correct?</p>	<p style="text-align: right;">Page 353</p> <p>1 MS. THOMPSON: 2 Q But the reviewer certainly didn't say 3 they're irrelevant? 4 A Didn't use those terms. 5 Q And intriguing would at least mean that 6 the reviewer 1 thought they were of some 7 interest. Wouldn't you agree? 8 MS. CURRY: 9 Object to the form. 10 A Some interest. Some interest. 11 MS. THOMPSON: 12 Q The reviewer did ask for clarification 13 of the significance of SNPs. Did the reviewer 14 state that the SNP findings were irrelevant? 15 A Not in those terms. 16 Q Did the reviewer state that the 17 methodology used to test for the SNPs was flawed? 18 A You know, again, they're seeking 19 clarification. That suggests to me that they 20 have a problem with the way it was done. 21 Wouldn't they -- 22 Q Did -- did the reviewer state the 23 methodology used to test the SNPs was flawed? 24 MS. CURRY:</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 354</p> <p>1 Sorry. You keep cutting off his answer</p> <p>2 when he's not finished.</p> <p>3 MS. THOMPSON:</p> <p>4 Q Were you finished?</p> <p>5 A Well, I'm just asking what are they</p> <p>6 trying to clarify?</p> <p>7 Q I'm just asking you did -- was there a</p> <p>8 comment that the methodology for testing the SNPs</p> <p>9 was flawed?</p> <p>10 MS. CURRY:</p> <p>11 Object to the form.</p> <p>12 A They do not say that.</p> <p>13 MS. THOMPSON:</p> <p>14 Q Okay. Did the reviewers state that the</p> <p>15 SNP data was in a accurate?</p> <p>16 A I don't think they know. It has to be</p> <p>17 clarified.</p> <p>18 Q And are you aware that the same SNP</p> <p>19 data was submitted to SGO as an abstract and</p> <p>20 recently presented at the annual meeting?</p> <p>21 MS. CURRY:</p> <p>22 Object to the form.</p> <p>23 A The one --</p> <p>24 MS. THOMPSON:</p>	<p style="text-align: right;">Page 356</p> <p>1 Q Did the reviewer --</p> <p>2 A I hope not.</p> <p>3 Q Did either reviewer state that the data</p> <p>4 was poor?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A Not in that specific term.</p> <p>8 MS. THOMPSON:</p> <p>9 Q Let's look at the reviewer from</p> <p>10 Reproductive Sciences.</p> <p>11 Are you going to give me yours?</p> <p>12 A I've got this pretty much memorized.</p> <p>13 MS. EVERETT:</p> <p>14 Did we put it back in the folder? Here</p> <p>15 is one.</p> <p>16 MS. THOMPSON:</p> <p>17 Q Okay. And the paper was accepted at</p> <p>18 Reproductive Sciences. Is that your</p> <p>19 understanding, since it was eventually published?</p> <p>20 A Yes.</p> <p>21 Q Did the reviewers at Reproductive</p> <p>22 Sciences make any statements regarding flawed</p> <p>23 methodology, experiments, or analysis?</p> <p>24 MS. CURRY:</p>
<p style="text-align: right;">Page 355</p> <p>1 Q As opposed to a presentation?</p> <p>2 A The one in Honolulu -- the one in</p> <p>3 Honolulu --</p> <p>4 Q Yes.</p> <p>5 A -- Hawaii? Yeah. Yes.</p> <p>6 Q Did you see that poster?</p> <p>7 A No.</p> <p>8 Q Did you speak with the -- the authors</p> <p>9 of the abstract and the paper?</p> <p>10 A No.</p> <p>11 Q Would that have been of interest to you</p> <p>12 to -- to speak with the researchers?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A Yeah. So the poster section conflicted</p> <p>16 with everything else I could do. I didn't see</p> <p>17 any posters. But I think given my role on this,</p> <p>18 I probably would not have gone, under any</p> <p>19 circumstances.</p> <p>20 MS. THOMPSON:</p> <p>21 Q Do you have any knowledge as to whether</p> <p>22 either of these reviewers is a Johnson & Johnson</p> <p>23 consultant or expert?</p> <p>24 A I have no -- no idea.</p>	<p style="text-align: right;">Page 357</p> <p>1 Object to the form.</p> <p>2 A I'm sorry. I only see one reviewer;</p> <p>3 right?</p> <p>4 MS. THOMPSON:</p> <p>5 Q We only have comments from one</p> <p>6 reviewer. That's correct.</p> <p>7 A Yeah. And -- and they don't make that</p> <p>8 comment.</p> <p>9 Q So I want to just go through Dr. Saed's</p> <p>10 published paper --</p> <p>11 A Uh-huh.</p> <p>12 Q -- and discuss what was done in this --</p> <p>13 just from the materials and methods. We're not</p> <p>14 in results yet. Okay?</p> <p>15 So Dr. Saed used the following cell</p> <p>16 lines: SKOV3, A2780, TOV11 -- or 112D. And</p> <p>17 those are all ovarian cancer cell lines; correct?</p> <p>18 A There is significant question about the</p> <p>19 origin of 2780.</p> <p>20 Q Okay.</p> <p>21 A It may --</p> <p>22 Q But it is a cancerous cell line?</p> <p>23 A I would accept that. Yeah.</p> <p>24 Q Okay. And, then, there are also three</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 358</p> <p>1 noncancerous cell lines. Agree? The human 2 primary normal ovarian epithelial cells from Cell 3 Biologics Chicago, the human ovarian epithelial 4 cells from Cell Biologics, and the human -- oops. 5 A Immortal one. 6 Q And the immortalized human fallopian 7 tube secretory epithelial cells, FT33, from 8 applied biologic materials. 9 Would you agree those are three 10 noncancerous cell lines? 11 A And when you're defining 12 "noncancerous," you mean they were not isolated 13 from a tumor? 14 Q Correct. 15 A Agree on that. 16 Q Again, just going through the 17 methodology, were the cells grown in media and 18 conditions following manufacturer protocol? 19 MS. CURRY: 20 Object to the form. 21 A I'm not really sure what the 22 manufacturer suggested. But I don't -- I think 23 that the way they were cultured appeared okay to 24 me.</p>	<p style="text-align: right;">Page 360</p> <p>1 MS. CURRY: 2 Object to the form. 3 A I believe so. 4 MS. THOMPSON: 5 Q And using the realtime PCR -- RT-PCR, 6 the -- the following assays were performed. Beta 7 actin for normalization of samples; right? 8 A Yes. 9 Q CAT, SOD3? 10 A Uh-huh. 11 Q GSR, GPX1, NOS2. Are those the tests 12 that were performed with PCR? 13 A Seven -- seven genes. 14 Q Yes. 15 A Including beta actin. 16 Q And -- 17 A Yes. 18 Q And by ELISA, Dr. Saed in his lab 19 tested CAT, SOD, GSR, GPX, NPO, and the CA-125 20 that we've talked about before; correct? 21 A Yes. 22 Q And Dr. Saed -- and those have all been 23 peer-reviewed and published in other studies 24 using ELISA and testing those --</p>
<p style="text-align: right;">Page 359</p> <p>1 MS. THOMPSON: 2 Q Appeared what? 3 A Okay to me. 4 Q Okay. And you'll agree that the cells 5 were seeded and treated with zero, 5, 20, or 100 6 micrograms per mil of baby powder; correct? 7 A This is in Treatment of Cells? 8 Q Yes. 9 A Correct. 10 Q And the -- so the talcum powder was 11 dissolved in DMSO; correct? 12 A I am looking for that. Do you see 13 that? 14 Q It's in Treatment of Cells also. 15 A Oh, okay. 16 Q I went out of order. 17 A Thank you. 18 Q And are you aware that these doses have 19 previously been reported in peer-reviewed 20 literature -- 21 MS. CURRY: 22 Object to -- 23 MS. THOMPSON: 24 Q -- for the study of talc?</p>	<p style="text-align: right;">Page 361</p> <p>1 MS. CURRY: 2 Object to the form. 3 A Yes. 4 MS. THOMPSON: 5 Q -- particular markers? 6 And Dr. Saed performed the TaqMan SNP 7 genotyping assay on all cell lines; correct? 8 A It's listed there. Yes. 9 Q And those were performed by the Applied 10 Genomics Technology Center At Wayne State 11 University; correct? 12 A Yes. 13 Q And is it your understanding that this 14 is a core facility? 15 MS. CURRY: 16 Object to the form. 17 A That, I don't know. But it could be. 18 MS. THOMPSON: 19 Q What is a core facility? 20 A It's generally a facility that provides 21 standard assays, and everybody shares, and they 22 charge a fee. 23 Q Is there some accreditation of core 24 facilities for quality control?</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 362</p> <p>1 A Usually it's institutional. In other 2 words, it's not an external group. But a 3 institution won't fund the core unless it's doing 4 decent work. 5 Q And Dr. Saed and his researchers then 6 performed the cell proliferation and apoptosis 7 studies using the TACS MTT self-proliferation 8 assay; correct? 9 A Yes. 10 Q And -- and cast pace 3 after treatment 11 of all the cell lines with the various doses; 12 correct? 13 A Yes. 14 Q And you'll agree that all of these 15 tests have been performed, peer-reviewed, and 16 published previously by Dr. Saed and others; 17 correct? 18 MS. CURRY: 19 Object to the form. 20 A I don't know that. But these are 21 reasonably standard. 22 MS. THOMPSON: 23 Q These are standardized -- 24 A Yeah.</p>	<p style="text-align: right;">Page 364</p> <p>1 A They're generally accepted. I -- 2 "standardized" is a difficult word because it 3 implies some sort of external review or 4 standardization. And that's not true. These are 5 kits that are -- are bought and then they're 6 implemented in the lab. You still don't know 7 whether it's really being done right, but -- 8 MS. THOMPSON: 9 Q Okay. Well it sounds like -- 10 A -- but -- but -- but they're -- we're 11 familiar with these -- 12 Q Okay. 13 A -- and there's nothing too much out of 14 the box there. 15 Q And before, you said these are 16 standardized, yeah, so I was just going back to 17 that. 18 A Right. 19 Q I think we got the answer. 20 I'm about to start a little bit 21 different area. 22 MS. THOMPSON: 23 Do we want to take a break now or do 24 you want to go for another 30 minutes or so?</p>
<p style="text-align: right;">Page 363</p> <p>1 Q -- testing methods. 2 All right. Let -- let me just ask that 3 question again because we've got a -- these are 4 standardized testing methods; correct? 5 MS. CURRY: 6 Object to the form. 7 A I don't know what you mean by 8 "standardized." These are assays that many labs 9 use. They're not being done in -- they're not 10 being done in a central CLIA-approved lab. 11 They're just being done by him and maybe a core 12 lab. 13 MS. THOMPSON: 14 Q And I was just asking the question 15 because previously it got chopped into two pieces 16 on these are standardized -- yeah, testing 17 methods, all right. So I was just trying to get 18 a single answer -- 19 A Yes. 20 Q -- was the purpose of that question. 21 So these are standardized testing 22 methods; correct? 23 MS. CURRY: 24 Object to the form.</p>	<p style="text-align: right;">Page 365</p> <p>1 MS. CURRY: 2 How much time do we have left on the 3 record? 4 VIDEOGRAPHER: 5 An hour and seven minutes. 6 MS. CURRY: 7 Do you want to take a final break now? 8 MS. THOMPSON: 9 Yeah. I'll easily finish the rest, I 10 think, in an hour and seven minutes. 11 MS. CURRY: 12 Okay. 13 MS. THOMPSON: 14 Maybe even less. 15 VIDEOGRAPHER: 16 Off the record at 4:39 p.m. 17 (OFF THE RECORD.) 18 VIDEOGRAPHER: 19 We're back on the record at 4:50 p.m. 20 MS. THOMPSON: 21 Q Dr. Birrer, I'd like to do another 22 chart with Dr. Saed's research so I can 23 understand what your opinions are regarding his 24 findings. Okay?</p>

Michael Birrer, M.D., Ph.D.

Page 366	Page 368
<p>1 A Okay.</p> <p>2 MS. CURRY:</p> <p>3 And for the record, I object to the</p> <p>4 creation of this chart.</p> <p>5 (DEPOSITION EXHIBIT NUMBER 31 WAS</p> <p>6 MARKED FOR IDENTIFICATION.)</p> <p>7 MS. CURRY:</p> <p>8 What's the exhibit number?</p> <p>9 MS. THOMPSON:</p> <p>10 And this would be Exhibit 31.</p> <p>11 Q And these are the tables taken from</p> <p>12 Dr. Saed's manuscript. Does that look right?</p> <p>13 If you want to compare, you can.</p> <p>14 A Let me just compare.</p> <p>15 MS. CURRY:</p> <p>16 This the from the published manuscript?</p> <p>17 MS. THOMPSON:</p> <p>18 Q This is from the published manuscript?</p> <p>19 A This is from Figure 1, right?</p> <p>20 Q And -- and you'll agree that these</p> <p>21 charts are generated from the raw data; correct?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A It appears so.</p>	<p>1 MS. CURRY:</p> <p>2 Object to the form.</p> <p>3 A I assume they are. I mean, in terms of</p> <p>4 they reflect the actual raw data, yeah.</p> <p>5 MS. THOMPSON:</p> <p>6 Q Right. So I'm going to put a Y --</p> <p>7 A Okay.</p> <p>8 Q -- for accurate.</p> <p>9 A Oh. You're looking at all of them?</p> <p>10 Q Oh. Do you have any --</p> <p>11 MS. CURRY:</p> <p>12 Do you have the published paper?</p> <p>13 THE WITNESS:</p> <p>14 I have it here. Right here.</p> <p>15 MS. CURRY:</p> <p>16 What exhibit is that?</p> <p>17 THE WITNESS:</p> <p>18 Yeah. Well, I'll have to say, that</p> <p>19 does look different.</p> <p>20 MS. THOMPSON:</p> <p>21 Q I can -- I'll represent that they were</p> <p>22 cut and pasted from the manuscript. So if they</p> <p>23 are different, it's a --</p> <p>24 MS. CURRY:</p>
Page 367	Page 369
<p>1 MS. THOMPSON:</p> <p>2 Q And --</p> <p>3 A Although I would say --</p> <p>4 MS. GARBER:</p> <p>5 Do you have two? Because your</p> <p>6 co-counsel --</p> <p>7 MS. THOMPSON:</p> <p>8 No. That's just one copy, one exhibit.</p> <p>9 A These are -- for instance, the PCR is</p> <p>10 normalized.</p> <p>11 MS. THOMPSON:</p> <p>12 Q Okay. And this chart shows PCR and</p> <p>13 ELISA for antioxidants; right?</p> <p>14 MS. CURRY:</p> <p>15 Object to the form.</p> <p>16 MS. THOMPSON:</p> <p>17 Q The expression of antioxidants and the</p> <p>18 activity of antioxidants CAT and SOV3; correct?</p> <p>19 A Correct.</p> <p>20 Q I want to go through this chart and</p> <p>21 have you tell me "yes" or "no" for each of these</p> <p>22 with each cell line.</p> <p>23 Do you have an opinion as to whether</p> <p>24 these results are accurate?</p>	<p>1 Okay. I'm sorry. I'm having a hard</p> <p>2 time following --</p> <p>3 A But this --</p> <p>4 MS. CURRY:</p> <p>5 -- this because the data represented on</p> <p>6 the exhibit is not reflective of the bar graphs</p> <p>7 that are in the published manuscript.</p> <p>8 So if you can just point us to where in</p> <p>9 the published manuscript you're pulling this</p> <p>10 from.</p> <p>11 MS. THOMPSON:</p> <p>12 All right.</p> <p>13 A This is -- the entire ordinate has</p> <p>14 changed. This is 25. This is 100.</p> <p>15 MS. THOMPSON:</p> <p>16 Q This is -- this is, from the chart,</p> <p>17 this is Figure 1. The color came out a little</p> <p>18 bit differently in the printing process,</p> <p>19 but the --</p> <p>20 MS. CURRY:</p> <p>21 This is not Figure 1.</p> <p>22 A No. Not even close. This is, in fact,</p> <p>23 Figure 3.</p> <p>24 MS. THOMPSON:</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 370</p> <p>1 Q PCR, CAT, SOD3. CAT activity and SOD</p> <p>2 activity.</p> <p>3 MS. THOMPSON:</p> <p>4 Are y'all looking? Mine are identical.</p> <p>5 Can you be --</p> <p>6 MS. CURRY:</p> <p>7 On the published manuscript, this chart</p> <p>8 does not represent --</p> <p>9 MS. THOMPSON:</p> <p>10 To Figure 1?</p> <p>11 MS. CURRY:</p> <p>12 -- to Figure 1.</p> <p>13 MS. THOMPSON:</p> <p>14 Let's go off the record.</p> <p>15 VIDEOGRAPHER:</p> <p>16 Going off the record at 4:55.</p> <p>17 (OFF THE RECORD.)</p> <p>18 VIDEOGRAPHER:</p> <p>19 We're back on the record at 4:59 p.m.</p> <p>20 MS. THOMPSON:</p> <p>21 Q Okay. Now that we've got that</p> <p>22 straightened out, so you'll agree that this is</p> <p>23 the -- the chart that shows the expression of</p> <p>24 antioxidant CAT and SKOV3 and the activity of the</p>	<p style="text-align: right;">Page 372</p> <p>1 MS. CURRY:</p> <p>2 Object to the form.</p> <p>3 A It could change them considerably,</p> <p>4 yeah.</p> <p>5 MS. THOMPSON:</p> <p>6 Q Do you want to change that to a</p> <p>7 question mark, or do you want to change that to</p> <p>8 no, they're not accurate?</p> <p>9 MS. CURRY:</p> <p>10 Object to the form.</p> <p>11 A Question mark will be fine.</p> <p>12 MS. THOMPSON:</p> <p>13 Q And that would go for all cell lines?</p> <p>14 A Well, the technology -- the techniques</p> <p>15 used was applied to all of them.</p> <p>16 MS. CURRY:</p> <p>17 Just so I know what we're doing here --</p> <p>18 I'm sorry -- is when you're saying results</p> <p>19 accurate in these four pictures, are -- are you</p> <p>20 talking about -- like is that based on raw data</p> <p>21 that's supposed to be in here? I'm just not sure</p> <p>22 what we're doing.</p> <p>23 MS. THOMPSON:</p> <p>24 These graphs are from the raw data.</p>
<p style="text-align: right;">Page 371</p> <p>1 same; correct?</p> <p>2 A You're on Figure 1?</p> <p>3 Q I am on Figure 1, yes.</p> <p>4 A Yeah. That's CAT and SKOV3?</p> <p>5 Q Yeah.</p> <p>6 A Yep.</p> <p>7 Q And we -- we are going through each</p> <p>8 cell line. The first column was Results</p> <p>9 Accurate, and I think --</p> <p>10 A So let me -- let me revise that.</p> <p>11 Q Okay.</p> <p>12 A Because now I understand what we're</p> <p>13 looking at.</p> <p>14 So I think there's a serious problem in</p> <p>15 the PCR, or at least I'd be concerned by that.</p> <p>16 These PCR MRNA levels were normalized to beta</p> <p>17 actin. And I think most of us would accept that</p> <p>18 using one housekeeping gene is not acceptable. I</p> <p>19 would expect at least two or three to make sure</p> <p>20 that there isn't a change in the stability of</p> <p>21 beta actin, which would throw off your</p> <p>22 quantification levels of those genes.</p> <p>23 Q And do you think that would render</p> <p>24 these results inaccurate?</p>	<p style="text-align: right;">Page 373</p> <p>1 MS. CURRY:</p> <p>2 But the raw data, we don't have. That</p> <p>3 hasn't --</p> <p>4 MS. THOMPSON:</p> <p>5 You've seen the raw data in the lab</p> <p>6 notebooks and Dr. Saed has -- is this an</p> <p>7 objection or is this --</p> <p>8 MS. CURRY:</p> <p>9 It's an object- -- I'm just honestly --</p> <p>10 I'm trying -- you're trying to have him create an</p> <p>11 exhibit --</p> <p>12 MS. THOMPSON:</p> <p>13 That's a speaking objection.</p> <p>14 MS. CURRY:</p> <p>15 -- and I'm trying to find out --</p> <p>16 MS. THOMPSON:</p> <p>17 If he understands it, it doesn't really</p> <p>18 matter whether you do or not, Dawn. I mean --</p> <p>19 MS. CURRY:</p> <p>20 And that's fine if you don't want an</p> <p>21 accurate record. That's fine.</p> <p>22 MS. THOMPSON:</p> <p>23 And he hasn't expressed that he doesn't</p> <p>24 understand.</p>

Michael Birrer, M.D., Ph.D.

Page 374	Page 376
<p>1 MS. CURRY: 2 That's fine. 3 MS. THOMPSON: 4 Q Dr. Birrer, do you understand what I'm 5 asking with this chart? If not, I'll explain it. 6 A Well, I -- I think -- it's a little bit 7 like the exercise this morning, which is we're 8 creating a document without all the information. 9 I don't have the raw data here. I mean, yeah, 10 it's in the notebooks, I suppose, somewhere. 11 Q And -- and you'll agree that these 12 charts are generated from raw data by a software 13 program. Correct? 14 And Dr. Saed testified to that. 15 Correct? 16 MS. CURRY: 17 Object to the form. 18 A Well, again, depending on what data's 19 put in -- 20 MS. THOMPSON: 21 Q Okay. 22 A -- you could get completely different 23 results. 24 Q I understand. But we're gonna look at</p>	<p>1 A Well, I think the -- if you're gonna 2 call them normal, then the normal primary -- the 3 human primary normal ovarian cell lines would be 4 more relevant. 5 MS. THOMPSON: 6 Q More relevant? But either one would be 7 relevant. Is that what you're saying? 8 MS. CURRY: 9 Object to form. 10 A No. I think the immortalized one is 11 not normal, so it wouldn't be relevant. 12 MS. THOMPSON: 13 Q Okay. So we'll make another column. 14 Well, we don't -- the immortalized and 15 the normal. 16 So the immortalized would be not 17 relevant? 18 A Right. 19 Q And the -- 20 A Yes. 21 Q Maybe I should get a clean -- let's -- 22 let's start over this chart. That's okay. I'll 23 make the next one neater. 24 Okay. Let's start again. And we're</p>
Page 375	Page 377
<p>1 the data that was in the peer-reviewed published 2 paper. Okay? 3 Are the results relevant? And we can 4 go by each cell line. 5 MS. CURRY: 6 Object to the form. 7 MS. THOMPSON: 8 Q And yes or no or you don't know. 9 MS. CURRY: 10 Object to the form. 11 A Well, one of the challenges in this 12 paper is the purpose of the EL1 cell line. I 13 don't think those results are relevant. 14 MS. THOMPSON: 15 Q Okay. The other lines? 16 A The normal ovary, I would assume -- is 17 that primary cells? Right? We reviewed that? 18 Let me go back. 19 So I don't know if that's -- I don't 20 know if that's the HOS cell line or the -- the 21 ones from Cell Biologics. 22 Q Is one relevant and one not? 23 MS. CURRY: 24 Object to the form.</p>	<p>1 gonna distinguish between -- 2 A Uh-huh. 3 Q -- the immortalized, which is IM on the 4 chart, and that's going to be not relevant; 5 right? 6 A Correct. 7 Q And the normal cells are relevant, in 8 your mind? 9 A Uh-huh. 10 Q How about the fallopian tube, the FT33? 11 A Yeah. So that's immortalized also, so 12 I don't think it's particularly relevant. 13 Q Is it not relevant? 14 MS. CURRY: 15 Object to the form. 16 A Uh-huh. 17 MS. THOMPSON: 18 Q And that's because it's immortalized? 19 A Uh-huh. 20 Q Okay. And 3, cancer cell lines? 21 A So this is -- 22 MS. CURRY: 23 Object to the form. 24 A So this was a big -- this was a concern</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 378</p> <p>1 in the paper, which is that, as you know, SKOV3</p> <p>2 is a clear cell; we've got an endometrioid; and</p> <p>3 we don't even know where 2780 comes from, so I</p> <p>4 don't think they're relevant.</p> <p>5 MS. THOMPSON:</p> <p>6 Q And that's because of lacking a clear</p> <p>7 histologic relationship?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A That's right.</p> <p>11 MS. THOMPSON:</p> <p>12 Q Do those results show a biological</p> <p>13 effect from talcum powder?</p> <p>14 MS. CURRY:</p> <p>15 Object to the form.</p> <p>16 A So I don't view that -- I don't -- I</p> <p>17 guess the answer is -- biologic effects?</p> <p>18 MS. THOMPSON:</p> <p>19 Q Does something happen when you put the</p> <p>20 baby powder in the cell culture?</p> <p>21 MS. CURRY:</p> <p>22 Object to the form.</p> <p>23 MS. THOMPSON:</p> <p>24 Q This is not related to whether you</p>	<p style="text-align: right;">Page 380</p> <p>1 Q As long as you approve of my work, we</p> <p>2 can -- we can switch the exhibit over to the one</p> <p>3 I'm doing.</p> <p>4 A Uh-huh.</p> <p>5 Q If the results are accurate, do they</p> <p>6 demonstrate a dose-dependent response?</p> <p>7 MS. CURRY:</p> <p>8 I object to the entirety of the</p> <p>9 exercise --</p> <p>10 MS. THOMPSON:</p> <p>11 Okay. You're --</p> <p>12 MS. CURRY:</p> <p>13 -- but I am following you in terms of</p> <p>14 the accuracy of you putting his answers down on</p> <p>15 the paper.</p> <p>16 MS. THOMPSON:</p> <p>17 Okay. All right. And we'll have the</p> <p>18 record, too.</p> <p>19 MS. THOMPSON:</p> <p>20 Q Do the answers show a dose-dependent</p> <p>21 response?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A So it depends on the cell line, I</p>
<p style="text-align: right;">Page 379</p> <p>1 agree with how it was, the dosage, whether the</p> <p>2 results are accurate or not.</p> <p>3 MS. CURRY:</p> <p>4 Object to the form.</p> <p>5 A Yeah. It's really hard to interpret</p> <p>6 this because, again, I believe he used a control</p> <p>7 with DMSO. DMSO has fairly dramatic effects and</p> <p>8 he's not controlling for it. So, you know, I</p> <p>9 would say no.</p> <p>10 MS. THOMPSON:</p> <p>11 Q No biologic effects?</p> <p>12 A No biologic effects.</p> <p>13 Q On any of the cell lines?</p> <p>14 A Correct. Unless you call PCR effect --</p> <p>15 you know, PCR quantification biologic.</p> <p>16 Q Do you have your exhibit there?</p> <p>17 A Exhibit --</p> <p>18 Q Oh, well. We can -- we'll just use</p> <p>19 mine.</p> <p>20 A This one?</p> <p>21 Q I wondered if you wanted to be filling</p> <p>22 these in yourself. But as long as you correct</p> <p>23 my --</p> <p>24 A You go.</p>	<p style="text-align: right;">Page 381</p> <p>1 think. Right?</p> <p>2 MS. THOMPSON:</p> <p>3 Q Which cell line does not? So --</p> <p>4 MS. CURRY:</p> <p>5 Object to the form.</p> <p>6 A If you look at the PCR, I don't know --</p> <p>7 and you look at everything but EL1, I don't know</p> <p>8 if those are statistically different. If you --</p> <p>9 if you pull it down, you can see it.</p> <p>10 MS. THOMPSON:</p> <p>11 Q Oh, sorry.</p> <p>12 A Yeah. See way on the top?</p> <p>13 Q If the paper says they were</p> <p>14 statistically significant, does that matter?</p> <p>15 MS. CURRY:</p> <p>16 Object to the form.</p> <p>17 A Well, it doesn't look like it to me.</p> <p>18 MS. THOMPSON:</p> <p>19 Q So are you gonna say no or you don't</p> <p>20 know?</p> <p>21 A No.</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 MS. THOMPSON:</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 382</p> <p>1 Q On all cell lines?</p> <p>2 A No. For EL1. Normal ovary.</p> <p>3 So, actually, for -- for -- what is</p> <p>4 that? That's B, SKOV3. So for SKOV3, it looks</p> <p>5 like nothing. It's -- from the mRNA level, it's</p> <p>6 all suppressed. It's all very low. I don't</p> <p>7 see -- I don't see -- if there's a P-value there,</p> <p>8 what is it between? The control and the 5? The</p> <p>9 control and the 20? The 20 and the 100? I don't</p> <p>10 know.</p> <p>11 The ELISA looks like -- this is for</p> <p>12 SKOV3; right? The ELISA looks like there's no</p> <p>13 effect until you get to 20 or 100.</p> <p>14 Q And you're eyeballing the statistical</p> <p>15 significance of these charts?</p> <p>16 A Well, that's why they --</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A That's why they put arrow bars in</p> <p>20 there.</p> <p>21 MS. THOMPSON:</p> <p>22 Q So reading Dr. Saed's results in the</p> <p>23 manuscript --</p> <p>24 A Uh-huh.</p>	<p style="text-align: right;">Page 384</p> <p>1 Q Well, you had the raw data to review,</p> <p>2 didn't you?</p> <p>3 MS. CURRY:</p> <p>4 Object to the form.</p> <p>5 MS. THOMPSON:</p> <p>6 Q It's on your materials considered list.</p> <p>7 A Well, his notebooks were very difficult</p> <p>8 to interpret.</p> <p>9 Q All the raw data was in his notebooks.</p> <p>10 If it -- if you are saying these results were not</p> <p>11 accurate, could you have looked it up in the lab</p> <p>12 notebooks?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A Yeah, I don't know. I'd have to go</p> <p>16 back and look at it. There were --</p> <p>17 MS. THOMPSON:</p> <p>18 Q Did you do that?</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 A I looked at his notebooks. They were</p> <p>22 extremely hard to follow.</p> <p>23 MS. THOMPSON:</p> <p>24 Q Did you ask someone --</p>
<p style="text-align: right;">Page 383</p> <p>1 Q -- the CAT and SKOV -- this is Figure</p> <p>2 1 -- "mRNA and protein levels were significantly</p> <p>3 in a dose-dependent manner in talc-treated cells</p> <p>4 compared to controls."</p> <p>5 Do you disagree with Dr. Saed's</p> <p>6 analysis?</p> <p>7 A I disagree with that statement.</p> <p>8 Q So you're going to say, regardless of</p> <p>9 Dr. Saed's peer-reviewed conclusion, your</p> <p>10 opinion, these do not show a dose-dependent</p> <p>11 response --</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 MS. THOMPSON:</p> <p>15 Q -- based on your eyeballing of the</p> <p>16 chart?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form. That's --</p> <p>19 A Well, that -- I disagree with that</p> <p>20 statement. That implies that these are all</p> <p>21 statistically significant, and I can't imagine</p> <p>22 that's true, given the arrow bars. But it would</p> <p>23 be very helpful to have the raw data.</p> <p>24 MS. THOMPSON:</p>	<p style="text-align: right;">Page 385</p> <p>1 MS. CURRY:</p> <p>2 Object to the form.</p> <p>3 MS. THOMPSON:</p> <p>4 Q -- to get information? Because what's</p> <p>5 your evidence that the data wasn't included in</p> <p>6 the lab notebooks?</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A Well, I -- again, his notebooks were</p> <p>10 very poorly organized. There were things that</p> <p>11 were whited out. So it was hard to follow.</p> <p>12 MS. THOMPSON:</p> <p>13 Q Okay. What was whited out? Seriously.</p> <p>14 Was there any data whited out?</p> <p>15 MS. CURRY:</p> <p>16 Object to the form.</p> <p>17 MS. THOMPSON:</p> <p>18 Q You're making --</p> <p>19 A Well, do you have them here?</p> <p>20 MS. THOMPSON:</p> <p>21 Q I do.</p> <p>22 MS. CURRY:</p> <p>23 And the deposition transcript?</p> <p>24 MS. THOMPSON:</p>

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 386</p> <p>1 I need the lab notebooks. Let's just 2 answer this, and I think we're going to move on 3 to something else. 4 Q In your opinion, are the results 5 dose-deponent? 6 MS. CURRY: 7 Object to the form. 8 A So I -- I guess the way to handle that 9 would be for -- there looks like there's a dose 10 dependency for some of the cell lines in certain 11 conditions but not all of them. Is that fair to 12 say? 13 MS. THOMPSON: 14 Q Well, so you don't believe 15 Dr. Saed's -- 16 A Conclusions. 17 Q -- conclusions? 18 A I don't agree with that one statement. 19 His statement is that basically all of the time 20 points demonstrated a dose-dependant effect of 21 talc. If that's true -- you can't see it here. 22 You see it in some. 23 Q Did -- did any of the peer-reviewers 24 raise a question about that statement?</p>	<p style="text-align: right;">Page 388</p> <p>1 publications using the same methodology and the 2 same assays? 3 MS. CURRY: 4 Object to the form. 5 A I didn't -- I didn't go through all of 6 his papers, no. 7 MS. THOMPSON: 8 Q Did you go through any of his previous 9 papers? 10 MS. CURRY: 11 Object to the form. 12 A I can't recall going through papers 13 that used this technology. 14 MS. THOMPSON: 15 Q But this technology has been 16 peer-reviewed and published -- 17 MS. CURRY: 18 Object to the form. 19 A Yes. 20 MS. THOMPSON: 21 Q -- previously? 22 And you're aware that Dr. Saed has 23 presented four abstracts based on this research; 24 correct?</p>
<p style="text-align: right;">Page 387</p> <p>1 A No. 2 Q And, in fact, the peer-reviewers said 3 his conclusions reflected the results; correct? 4 MS. CURRY: 5 Object to the form. 6 MS. THOMPSON: 7 Q The peer-reviewer that commented on it? 8 A The one reviewer. 9 Q The only one that commented on it? 10 A Yeah. 11 Q So are these question marks or which -- 12 which cell lines do you think are statistically 13 significant? 14 A Yeah. I think that's -- I think that's 15 probably reasonable, question marks. 16 Q Question marks on everything? 17 A Yeah. 18 Q And there's plenty of discussion for us 19 to go back and figure out the reasoning for that. 20 We may come back to the chart, but 21 there's some other things I want to cover, so 22 we'll -- we'll leave that with you disagreeing 23 with Dr. Saed's analysis. 24 Did you look at Dr. Saed's previous</p>	<p style="text-align: right;">Page 389</p> <p>1 A I believe so. 2 Q And abstracts are generally reviewed 3 prior to acceptance at a national meeting; 4 correct? 5 MS. CURRY: 6 Object to the form. 7 A Usually there's a program committee 8 that will review them. 9 MS. THOMPSON: 10 Q And would you agree that, generally, 11 four to six reviewers look at abstracts when 12 making the decision which to accept for a 13 meeting? 14 MS. CURRY: 15 Object to the form. 16 A It depends on the organization. But 17 there usually is -- it's certainly more than one 18 person. 19 MS. THOMPSON: 20 Q If -- if I told you Society For 21 Reproductive Investigation typically has four to 22 six reviewers and SGO has four to five reviewers 23 for each abstract, does that sound reasonable? 24 MS. CURRY:</p>

Michael Birrer, M.D., Ph.D.

Page 390	Page 392
<p>1 Object to the form.</p> <p>2 A You know, I think for the first</p> <p>3 society, the former one, I'm not familiar with</p> <p>4 them, but it sounds reasonable.</p> <p>5 SGO, I've been on the program</p> <p>6 committee. Sometimes it's a little less than</p> <p>7 that depending on how many abstracts you get.</p> <p>8 MS. THOMPSON:</p> <p>9 Q At least for this year, there were four</p> <p>10 to five reviewers, and the abstracts were scored</p> <p>11 numerically.</p> <p>12 Are you familiar with that system?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A I am.</p> <p>16 MS. THOMPSON:</p> <p>17 Q And the -- and the top scoring</p> <p>18 abstracts were accepted for presentation?</p> <p>19 A Usually they'll put a cutoff on it,</p> <p>20 yeah.</p> <p>21 Q And in the two criteria that SGO</p> <p>22 reviewers looked at were, one, scientific</p> <p>23 validity; and two, clinical relevance.</p> <p>24 Does that sound right?</p>	<p>1 You would agree with me that there have</p> <p>2 been at least 20 to 30 eyes on this research;</p> <p>3 correct?</p> <p>4 MS. CURRY:</p> <p>5 Object to the form.</p> <p>6 MS. THOMPSON:</p> <p>7 Q In various levels of review.</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A 20 to 30 sounds a little excessive but</p> <p>11 probably --</p> <p>12 MS. THOMPSON:</p> <p>13 Q Well, four abstracts, four to five</p> <p>14 reviewers each --</p> <p>15 A Oh, you're saying all of it?</p> <p>16 Q Yeah. Combined.</p> <p>17 MS. CURRY:</p> <p>18 Objection.</p> <p>19 MS. THOMPSON:</p> <p>20 Q Would you agree that there have been at</p> <p>21 least 25 eyes on this research?</p> <p>22 A Uh-huh. Some could have overlapped.</p> <p>23 MS. GARBER:</p> <p>24 Or 50 eyes, since there's two.</p>
Page 391	Page 393
<p>1 MS. CURRY:</p> <p>2 Object to the form.</p> <p>3 A That, I don't know.</p> <p>4 MS. THOMPSON:</p> <p>5 Q And -- and you'll agree that the</p> <p>6 mutation, the SNP data, was presented as a poster</p> <p>7 at this year's SGO meeting; correct?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A I didn't -- I didn't go to that poster,</p> <p>11 so I don't know what was on it. If it was a --</p> <p>12 if it was similar to the paper, I would assume</p> <p>13 so.</p> <p>14 MS. THOMPSON:</p> <p>15 Q Okay. So if you have the manuscript</p> <p>16 that was reviewed by at least two reviewers and</p> <p>17 the editors of Gynecologic Oncology, you have the</p> <p>18 manuscript that was reviewed by at least one</p> <p>19 editor -- one reviewer and editor for</p> <p>20 Reproductive Sciences. You have abstracts that</p> <p>21 are each reviewed by four to five reviewers. He</p> <p>22 also has a book chapter that was reviewed,</p> <p>23 peer-reviewed by editors which included this</p> <p>24 data.</p>	<p>1 MS. THOMPSON:</p> <p>2 Q Fifty eyes.</p> <p>3 Are you aware of any other reviewers</p> <p>4 that raised the serious concerns that you seem to</p> <p>5 have with Dr. Saed's paper --</p> <p>6 MS. CURRY:</p> <p>7 Object to the form.</p> <p>8 MS. THOMPSON:</p> <p>9 Q -- and -- and research?</p> <p>10 A I don't know any of the reviewers for</p> <p>11 the abstracts or the SGO. That's all kept</p> <p>12 confidential. So none of them have -- I haven't</p> <p>13 any firsthand knowledge that they said to me.</p> <p>14 But the review process hasn't raised -- hasn't</p> <p>15 necessarily raised the issues that I've raised.</p> <p>16 Q Okay.</p> <p>17 A But that doesn't change my opinion.</p> <p>18 Q I didn't ask you, actually. If it did,</p> <p>19 I didn't expect it to.</p> <p>20 I want to go through -- oh.</p> <p>21 (DEPOSITION EXHIBIT NUMBER 32 WAS</p> <p>22 MARKED FOR IDENTIFICATION.)</p> <p>23 MS. THOMPSON:</p> <p>24 Q And did you -- did you review</p>

Michael Birrer, M.D., Ph.D.

Page 394	Page 396
<p>1 Dr. Saed's review article published in 2 Gynecologic Oncology in 2017? 3 A I think I saw this. Is this on 4 oxidative stress? 5 Q Yes. 6 A Yeah. Yeah. 7 Q And -- and do you know if this review 8 article was invited or submitted and 9 peer-reviewed in the process? 10 A I don't know. 11 Q But, as you've testified before, and 12 typically authors of review articles in reputable 13 journals are felt to be experts in the field; 14 correct? 15 MS. CURRY: 16 Object to the form. 17 A They generally are. 18 MS. THOMPSON: 19 Q And -- 20 MS. CURRY: 21 Did you mark this as an exhibit? 22 MS. EVERETT: 23 It's Exhibit 32. 24 MS. THOMPSON:</p>	<p>1 MS. THOMPSON: 2 Q Yes. 3 A It's not the same phrase. Essential 4 role -- actually, the essential role here is 5 pretty narrow. But it -- but, you know, I 6 wouldn't quibble about that. It's in the same 7 range. 8 Q It's a similar concept that's -- that 9 was published in the review article; correct? 10 A Uh-huh. 11 MS. CURRY: 12 Object to the form. 13 MS. THOMPSON: 14 Q Reading the abstract "Clinical and 15 epidemiological investigations have provided 16 evidence supporting the role of reactive oxygen 17 species, ROS, and reactive nitrogen species, RNS, 18 collectively known as oxidative stress in the 19 etiology of cancer." 20 Would you agree with that statement? 21 MS. CURRY: 22 Object to the form. 23 A Yep. 24 MS. THOMPSON:</p>
Page 395	Page 397
<p>1 32. 2 MS. CURRY: 3 Okay. Thank you. 4 MS. THOMPSON: 5 Q And just looking at the abstract on -- 6 well, first on the highlights -- this review 7 article updates the role of oxidative stress and 8 the pathogenesis of ovarian cancer. 9 The first highlight is "Oxidative 10 Stress Plays an Essential Role in the 11 Pathogenesis of Ovarian Cancer." 12 A Where are you? I'm sorry. 13 Q The highlights at the top. 14 A Oh. The bullet points? 15 Q Bullet point, highlights. 16 A Okay. 17 Q And you'll agree that -- that statement 18 is essentially the same as the one in the talcum 19 powder article that was asked to be removed 20 because of the data not supporting that 21 statement; correct? 22 MS. CURRY: 23 Object to the form. 24 A You're going on submission?</p>	<p>1 Q "Exogenous factors such as chronic 2 inflammation, infection and hypoxia are major 3 sources of cellular oxidative stress." 4 Would you agree with that statement? 5 MS. CURRY: 6 Object to the form. 7 A Well, I would just refine it to say 8 they were sources. I don't know if they're the 9 major sources. In certain conditions there may 10 be other sources. So it's a little bit of a 11 generality. 12 MS. THOMPSON: 13 Q "Specifically oxidative stress plays an 14 important role in the pathogenesis, 15 neoangiogenesis and dissemination of local or 16 distant ovarian cancer, as it is known to induce 17 phenotypic modifications of tumor cells by 18 crosstalk between tumor cells and the surrounding 19 stroma." 20 Do you agree with that statement? 21 A Well, that's a mouthful. There's a lot 22 in there, and I'm not so sure I know exactly what 23 he's talking about. Pathogenesis is pretty 24 general. Blood vessel formation is a different</p>

100 (Pages 394 to 397)

Michael Birrer, M.D., Ph.D.

Page 398	Page 400
<p>1 process. So --</p> <p>2 Q But certainly the reviewers and the</p> <p>3 editors of the journal, when they published the</p> <p>4 review article --</p> <p>5 A Uh-huh.</p> <p>6 Q -- thought that was accurate</p> <p>7 information; correct?</p> <p>8 A They did.</p> <p>9 MS. CURRY:</p> <p>10 Object to the form.</p> <p>11 A Yeah.</p> <p>12 MS. THOMPSON:</p> <p>13 Q Going to Table 1 on page 598, that's a</p> <p>14 "Summary of the Oxidant and Antioxidant</p> <p>15 Expression and Sensitive and Chemoresistant</p> <p>16 Ovarian Cancer." You'll agree that these were</p> <p>17 essentially the same markers that Dr. Saed</p> <p>18 studied in the talcum powder experiments;</p> <p>19 correct?</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 MS. THOMPSON:</p> <p>23 Q NPO, INOS?</p> <p>24 A I think so. I think so. I'm just</p>	<p>1 MS. THOMPSON:</p> <p>2 Q But the -- but the markers are the</p> <p>3 same, essentially?</p> <p>4 MS. CURRY:</p> <p>5 Object to the form.</p> <p>6 A The markers are the same.</p> <p>7 MS. THOMPSON:</p> <p>8 Q And they're published in this review</p> <p>9 article, correct, in Gynecologic Oncology?</p> <p>10 A They're reported here and published.</p> <p>11 Q And you'll agree there have been some</p> <p>12 other molecular studies relating to talcum powder</p> <p>13 and cell culture; correct?</p> <p>14 MS. CURRY:</p> <p>15 Object to the form.</p> <p>16 A I believe so.</p> <p>17 MS. THOMPSON:</p> <p>18 Q Are you familiar with a Shukla paper?</p> <p>19 A Yes, I am.</p> <p>20 Q I'll mark the Shukla paper Exhibit 33.</p> <p>21 (DEPOSITION EXHIBIT NUMBER 33 WAS</p> <p>22 MARKED FOR IDENTIFICATION.)</p> <p>23 MS. THOMPSON:</p> <p>24 Q Okay. And this paper was published in</p>
Page 399	Page 401
<p>1 checking all of them. Did they --</p> <p>2 Q And generally speaking.</p> <p>3 A Certainly the lower list is all in</p> <p>4 there, yeah.</p> <p>5 Q So -- so these -- these oxidants,</p> <p>6 antioxidants that Dr. Saed studied with the</p> <p>7 talcum powder, he had published before; correct?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A Well, this is a review article. He's</p> <p>11 not publishing primary data right now. He's just</p> <p>12 noting it.</p> <p>13 MS. THOMPSON:</p> <p>14 Q A review article noting the relevance</p> <p>15 of those assays for oxidative stress in ovarian</p> <p>16 cancer; correct?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A Well, again, I'm refining that a little</p> <p>20 bit because this table really looks for</p> <p>21 expression comparing standard ovarian cancer to</p> <p>22 chemoresistance. That's really not what this</p> <p>23 paper is about. So it's kind of apples and</p> <p>24 oranges.</p>	<p>1 2008; correct?</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 MS. THOMPSON:</p> <p>5 Q Sorry. Received in --</p> <p>6 A That was in '9.</p> <p>7 Q In formal form, 2008.</p> <p>8 MS. CURRY:</p> <p>9 Do you have a copy?</p> <p>10 A This is in 2009, I have it.</p> <p>11 MS. THOMPSON:</p> <p>12 Q The title is "Alterations in Gene</p> <p>13 Expression in Human Mesothelia Cells Correlate</p> <p>14 with Mineral Pathogenicity."</p> <p>15 Is that the title of this paper that</p> <p>16 you have?</p> <p>17 A Yes. Yes.</p> <p>18 Q Okay. And it was published in --</p> <p>19 A I have it 2009.</p> <p>20 Q Oh. No. We're looking at -- I'm</p> <p>21 looking at that received in final form, and</p> <p>22 you're -- when it actually appeared. You're</p> <p>23 correct. 2009.</p> <p>24 And this paper looked at cell culture</p>

Michael Birrer, M.D., Ph.D.

Page 402	Page 404
<p>1 with asbestos applied; correct?</p> <p>2 A This looked at asbestos, nonfibrous</p> <p>3 talc, and titanium dioxide.</p> <p>4 Q Correct.</p> <p>5 A Or glass beads.</p> <p>6 Q And if you'll turn to Table 2, it</p> <p>7 reports on gene expression and mesothelial cells</p> <p>8 at low and high doses at 8 and 24 hours for the</p> <p>9 low dose and 8 hours for the high dose. Correct?</p> <p>10 A This is genes that are affected by</p> <p>11 asbestos.</p> <p>12 Q Correct.</p> <p>13 And, then, if you'll look at table --</p> <p>14 A And this -- sorry.</p> <p>15 Q -- Table 3, which are the genes</p> <p>16 upregulated by nonfibrous talc, you'll see that</p> <p>17 testing was done at 8 hours at low and high dose.</p> <p>18 And it appears that there was no testing done at</p> <p>19 24 hours for talc.</p> <p>20 Is that your understanding?</p> <p>21 A I believe so.</p> <p>22 Q And, yet, there --</p> <p>23 A I'm sorry. Can I refine that?</p> <p>24 MS. CURRY:</p>	<p>1 Q Yeah, ATF.</p> <p>2 And those are cancer genes; correct?</p> <p>3 Or genes affiliated -- associated with cancer?</p> <p>4 MS. CURRY:</p> <p>5 Object to the form.</p> <p>6 A Well, a lot of genes are.</p> <p>7 ATF3 --</p> <p>8 MS. THOMPSON:</p> <p>9 Q ATF3 and interleukin 8 are often</p> <p>10 studied in relationship to cancer association;</p> <p>11 correct?</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 A I'd say interleukin 8. I don't -- I</p> <p>15 know of less data for ATF3. It's a transcription</p> <p>16 factor, so I don't know the story there.</p> <p>17 But your original question, these are</p> <p>18 statistically significant increases at 8 hours</p> <p>19 for talc; right?</p> <p>20 MS. THOMPSON:</p> <p>21 Q And 24 hours for talc was not</p> <p>22 performed; correct?</p> <p>23 MS. CURRY:</p> <p>24 Object to the form.</p>
Page 403	Page 405
<p>1 Object to the form. Sorry.</p> <p>2 A They were -- it was checked but the</p> <p>3 changes were not observed.</p> <p>4 MS. THOMPSON:</p> <p>5 Q Where do you see that?</p> <p>6 A Well, that may be -- hang on. "These</p> <p>7 are mesothelial cells..." Yeah. Right --</p> <p>8 assuming I'm reading this right.</p> <p>9 Right below the table it says "...were</p> <p>10 initially -- were observed initially with talc at</p> <p>11 8 hours. However, these changes were not</p> <p>12 observed at 24 hours. Suggesting that the human</p> <p>13 mesothelial cells adapt to this mineral."</p> <p>14 Q If you'll look at Table -- at Figure</p> <p>15 4 --</p> <p>16 A Figure 4.</p> <p>17 Q -- you do see that there are</p> <p>18 significant increases in both nonfibrous talc and</p> <p>19 the crocidolite asbestos; correct?</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 A So this is quantitative PCR of two</p> <p>23 genes; right? This is ATF3?</p> <p>24 MS. THOMPSON:</p>	<p>1 A It was performed but they didn't see</p> <p>2 any changes.</p> <p>3 MS. THOMPSON:</p> <p>4 Q Was it performed at the high dose?</p> <p>5 A Well, let's see. I can't answer that.</p> <p>6 It may be buried in here somewhere. I do -- I do</p> <p>7 note that in this paper they didn't detect a lot</p> <p>8 of gene changes with talc.</p> <p>9 Q They did detect gene changes with talc,</p> <p>10 did they not?</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A Well, they didn't detect a lot. There</p> <p>14 were some.</p> <p>15 MS. THOMPSON:</p> <p>16 Q I didn't ask if there were a lot.</p> <p>17 There were gene changes with talc?</p> <p>18 A Uh-huh.</p> <p>19 Q Would you consider that a biological</p> <p>20 effect?</p> <p>21 MS. CURRY:</p> <p>22 Object to the form.</p> <p>23 A So, I -- yeah. I don't consider it</p> <p>24 biologic. It may be transcriptional.</p>

Michael Birrer, M.D., Ph.D.

Page 406	Page 408
<p>1 MS. THOMPSON: 2 Q And you've looked at the Buz'Zard 3 paper; correct? The Pycnogenol paper, does that 4 sound familiar? 5 A Well, I don't recognize that name. 6 Yeah. I did look at it. 7 Q Okay. I'm gonna mark that as Exhibit 8 34. 9 (DEPOSITION EXHIBIT NUMBER 34 WAS 10 MARKED FOR IDENTIFICATION.) 11 MS. THOMPSON: 12 Q And you'll agree that this paper looked 13 at neoplastic transformation in humans' ovarian 14 cell cultures exposed to talc; correct? 15 A Well, this gets back to what we 16 discussed before. I think they -- they -- the 17 title says it and they -- and they argue that 18 what they've shown is transformation. I don't -- 19 I don't agree with that. 20 Q Well, at least the authors say that, in 21 reading from the abstract, two-thirds of the way 22 down, "Talc increased proliferation, induced 23 neoplastic transformation and increased ROS 24 generation timed dependently in the ovarian cells</p>	<p>1 think about Buz'Zard. I'd have to cross-compare 2 that. 3 MS. THOMPSON: 4 Q Well, I'm just asking you if it refutes 5 his findings. 6 MS. CURRY: 7 Object to the form. 8 A No. I -- I'm thinking about that. I 9 think his ROS generation is a little bit 10 different, Buz'Zard. 11 MS. THOMPSON: 12 Q The ROS generation may be a little bit 13 different, but it does show ROS generation in 14 that paper; correct? 15 MS. CURRY: 16 Object to the form. 17 A Now, the Buz'Zard was -- was, for lack 18 of a better term, bizarre, because there were 19 differential effects in terms of production of 20 ROS depending on the concentration. So I found 21 it very difficult. And the interpretation that 22 they had was, I thought, misleading. 23 MS. THOMPSON: 24 Q But the question was: Did it in any</p>
Page 407	Page 409
<p>1 and dosed dependently in the p.m." 2 And that's at least what the authors 3 conclude; right? 4 A That's what they say in the abstract, 5 yes. 6 Q And also conclude that "The data 7 suggests that talc may contribute to ovarian 8 neoplastic transformation" -- 9 A Where are you now? I'm sorry. The 10 next sentence? 11 Q Next-to-last sentence. 12 A Yep. 13 Q "The data suggests that talc may 14 contribute to ovarian neoplastic transformation 15 and Pyc reduced the talc-induced transformation." 16 That's what the authors concluded; 17 correct? 18 A That's what they say. 19 Q Do either the Shukla paper or the 20 Buz'Zard paper refute Dr. Saed's research 21 findings? 22 MS. CURRY: 23 Object to the form. 24 A I don't think Shukla does. I'd have to</p>	<p>1 way refute Dr. Saed's findings? 2 MS. CURRY: 3 Object to the form. 4 A In -- in terms of comparing this to 5 that? 6 MS. THOMPSON: 7 Q Yes. 8 A I'd have to take a close look at that. 9 It's not something I thought about. 10 Q Okay. But there's nothing that's 11 obvious that refutes Dr. Saed's -- 12 A It's not leaping out to me. 13 (DEPOSITION EXHIBIT NUMBER 35 WAS 14 MARKED FOR IDENTIFICATION.) 15 MS. THOMPSON: 16 Q Okay. I'm marking as Exhibit 35 a 17 paper by Akhtar from 2010. 18 Have you seen this paper? 19 A This one, I don't think I reviewed. 20 Let me just see if it's on my list. No. 21 Q And are you aware from Dr. Saed's 22 deposition that he referred to the -- this paper 23 to establish his dosages for the talc experiments 24 that Dr. Saed performed?</p>

103 (Pages 406 to 409)

Michael Birrer, M.D., Ph.D.

Page 410	Page 412
<p>1 A In terms of what he did?</p> <p>2 Q Yes.</p> <p>3 A No, I didn't. I'm not aware of that</p> <p>4 from his deposition.</p> <p>5 Q Looking at the paper --</p> <p>6 A Yeah.</p> <p>7 Q -- does that look reasonable?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A This is way out of my purview with iron</p> <p>11 mediated lipid peroxidase in A459 cells, which</p> <p>12 are lung cancer. I don't know the relevance of</p> <p>13 this to what we're addressing here.</p> <p>14 MS. THOMPSON:</p> <p>15 Q Well, let's read what he says --</p> <p>16 A Sure.</p> <p>17 Q -- in the abstract.</p> <p>18 "Talc particles, the basic ingredient</p> <p>19 in different kinds of talc-based cosmetic and</p> <p>20 pharmaceutical products pose a health risk to</p> <p>21 pulmonary and ovarian systems due to domestic and</p> <p>22 occupational exposures."</p> <p>23 Is that what the authors say?</p> <p>24 A Correct.</p>	<p>1 MS. THOMPSON:</p> <p>2 Q Well, it's the first statement of the</p> <p>3 abstract.</p> <p>4 A Right.</p> <p>5 Q Do you think that's just an irrelevant</p> <p>6 statement, that they put as the first -- the</p> <p>7 introductory sentence to their paper?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A Well, I think that's their supposition.</p> <p>11 They make that statement. I get it. But that</p> <p>12 doesn't mean that this experiment is relevant to</p> <p>13 that.</p> <p>14 MS. THOMPSON:</p> <p>15 Q I'm asking do the authors think it was</p> <p>16 relevant?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A You'd have to address it with them. I</p> <p>20 don't know.</p> <p>21 MS. THOMPSON:</p> <p>22 Q "The talc particles, the basic</p> <p>23 ingredient in different kinds of talc-based</p> <p>24 cosmetic and pharmaceutical products pose a</p>
Page 411	Page 413
<p>1 Q So at least the authors thought that</p> <p>2 this experiment had relevance to talc-based</p> <p>3 cosmetic products; correct?</p> <p>4 MS. CURRY:</p> <p>5 Object to the form.</p> <p>6 A Yeah. I think it's in that sentence.</p> <p>7 MS. THOMPSON:</p> <p>8 Q And at least the authors thought that</p> <p>9 these experiments had relevance to the ovarian</p> <p>10 system; correct?</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A Well, they mentioned it. And as a -- I</p> <p>14 think as a premise to the experiment. That</p> <p>15 doesn't mean it's relevant.</p> <p>16 MS. THOMPSON:</p> <p>17 Q Well, it's a -- you would assume that</p> <p>18 if it's a premise to do the experiment, that they</p> <p>19 thought the experiments would be relevant to the</p> <p>20 question that they're asking; correct?</p> <p>21 MS. CURRY:</p> <p>22 Object to the form.</p> <p>23 A There's no question there. That's a</p> <p>24 statement. It's in the --</p>	<p>1 health risk to pulmonary and ovarian systems due</p> <p>2 to domestic and occupational exposure."</p> <p>3 And then they go on to why they're</p> <p>4 studying talc particles.</p> <p>5 Is -- is it your testimony that you</p> <p>6 don't know whether the authors thought that was</p> <p>7 relevant or not?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A Well, it's speculation. I don't know</p> <p>11 what was in their mind. I can read this. I see</p> <p>12 what they did. And that opening statement is,</p> <p>13 again, sort of setting the -- setting the plate.</p> <p>14 But is this system relevant to that? I don't</p> <p>15 know. Lipid peroxidation --</p> <p>16 MS. THOMPSON:</p> <p>17 Q But -- but you would agree that the</p> <p>18 peer-reviewers and the editors of this journal</p> <p>19 accepted this paper with the introduction that</p> <p>20 talc particles posed a risk to pulmonary and</p> <p>21 ovarian systems and that the investigators at</p> <p>22 least did the experiments and published the</p> <p>23 paper; correct?</p> <p>24 MS. CURRY:</p>

104 (Pages 410 to 413)

Michael Birrer, M.D., Ph.D.

Page 414	Page 416
<p>1 Object to the form.</p> <p>2 A Did the work and published the paper.</p> <p>3 Agree.</p> <p>4 MS. THOMPSON:</p> <p>5 Q And in the conclusion, the authors</p> <p>6 state "We have presented a preliminary data on</p> <p>7 the toxicity response elicited by the two types</p> <p>8 of talc nano particles depending on their</p> <p>9 different geologic origin," and then go on to</p> <p>10 conclude, the end, "Data clearly suggests that</p> <p>11 exposure to talc, particularly nanopowder, should</p> <p>12 be protected in humans at risk of occupational as</p> <p>13 well as domestic exposure."</p> <p>14 That's the conclusions of the authors</p> <p>15 based on this research; correct?</p> <p>16 A That's the last sentence? Is that the</p> <p>17 last sentence?</p> <p>18 Q Yes.</p> <p>19 A Yeah. That's what they say.</p> <p>20 Q That is in the conclusion?</p> <p>21 A That's what they say.</p> <p>22 Q And that is the "Conclusion" section of</p> <p>23 the paper; correct?</p> <p>24 A Correct.</p>	<p>1 Object to the form.</p> <p>2 A Well, I just saw it. I haven't</p> <p>3 reviewed it. I would be concerned that they're</p> <p>4 in a completely different cell system. And, as</p> <p>5 you know, there's just huge differences in tissue</p> <p>6 responses.</p> <p>7 MS. THOMPSON:</p> <p>8 Q Would that automatically make it</p> <p>9 irrelevant, in your mind?</p> <p>10 MS. CURRY:</p> <p>11 Object to the form.</p> <p>12 A I would -- I'd like to read the paper.</p> <p>13 But I'd be concerned. I would start out with a</p> <p>14 certain concern about that and then go through</p> <p>15 the paper.</p> <p>16 MS. THOMPSON:</p> <p>17 Q Okay. We can go off the record, and</p> <p>18 you -- you can look at the paper.</p> <p>19 A Okay.</p> <p>20 VIDEOGRAPHER:</p> <p>21 Off the record at 5:38 p m.</p> <p>22 (OFF THE RECORD.)</p> <p>23 VIDEOGRAPHER:</p> <p>24 We're back on the record at 5:40 p.m.</p>
Page 415	Page 417
<p>1 (DEPOSITION EXHIBIT NUMBER 36 WAS</p> <p>2 MARKED FOR IDENTIFICATION.)</p> <p>3 MS. THOMPSON:</p> <p>4 Q I'm marking as Exhibit 36 another paper</p> <p>5 by Akhtar and colleagues published in 2012.</p> <p>6 Have you seen that paper, Dr. Birrer?</p> <p>7 A No.</p> <p>8 Q This paper is titled "Cytotoxicity and</p> <p>9 Apoptosis" --</p> <p>10 MS. CURRY:</p> <p>11 Do you have a copy? Sorry.</p> <p>12 MS. THOMPSON:</p> <p>13 I'm sorry.</p> <p>14 MS. CURRY:</p> <p>15 Thank you.</p> <p>16 MS. THOMPSON:</p> <p>17 Q This paper is titled "Cytotoxicity and</p> <p>18 Apoptosis Induction by Nano-Scale Talc Particles</p> <p>19 From Two Different Geographical Regions in Human</p> <p>20 Lung Epithelial Cells."</p> <p>21 Is it your opinion that this paper is</p> <p>22 irrelevant because it tested the biological</p> <p>23 effects of talc in human lung epithelial cells?</p> <p>24 MS. CURRY:</p>	<p>1 MS. THOMPSON:</p> <p>2 Q Dr. Birrer, this article titled</p> <p>3 "Cytotoxicity and Apoptosis Induction by</p> <p>4 Nano-Scale Talc Particles from Two Different</p> <p>5 Geographical Regions in Human Lung Epithelial</p> <p>6 Cells" is by the same authors of the paper we</p> <p>7 just discussed; right?</p> <p>8 A Correct. I don't know if they're all</p> <p>9 on here, but it's the same group.</p> <p>10 Q Same group.</p> <p>11 A Yeah.</p> <p>12 Q Going to the last sentence on the first</p> <p>13 page in the introduction, the authors state:</p> <p>14 "Epidemiologic evidence also suggest a possible</p> <p>15 association between genital use of talcum powder</p> <p>16 and risk of ovarian cancer. Talc also appears to</p> <p>17 induce reactive oxygen, ROS, generation,</p> <p>18 oxidative stress, and inflammation."</p> <p>19 Is that what the authors state</p> <p>20 regarding the epidemiology of talcum powder and a</p> <p>21 reason for studying the cellular response?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A So the first statement is about</p>

105 (Pages 414 to 417)

Michael Birrer, M.D., Ph.D.

Page 418	Page 420
<p>1 epidemiologic evidence. The second statement is 2 about reactive oxygen species. And they don't 3 say anything about why there's a reason to study. 4 They just make those statements. 5 MS. THOMPSON: 6 Q Is it your testimony that they would 7 just put -- put that statement in randomly in the 8 introduction to their paper about cytotoxicity and 9 apoptosis with talc particles? 10 MS. CURRY: 11 Object to the form. 12 A It wouldn't be random. But, again, I 13 think it's just a piece of information that this 14 has been studied before in a different system. 15 MS. THOMPSON: 16 Q And you would -- and they cite to 17 Buz'Zard, the paper we just reviewed; correct? 18 A Uh-huh. Yes. 19 Q And they start -- cite to Langseth; 20 correct? 21 A Yes. 22 Q And in previous testimony you have 23 testified that you think that Langseth is a -- is 24 a high-quality paper. Do you remember that?</p>	<p>1 Is that what the authors conclude from 2 the experiments that they did on nano talc 3 particles? 4 A That's what they say right there, yeah. 5 Q And we've established earlier that the 6 baby powder is a mixed particle-sized product; 7 correct? 8 MS. CURRY: 9 Object to the form. 10 A Well, we talked about talc particles, 11 and I simply said my understanding is not as a 12 mineralogist, but my understanding is a different 13 spectrum. I don't -- 14 MS. THOMPSON: 15 Q And do you know one way or the other 16 whether some of the particles in baby powder 17 could be classified as nano particles? 18 A No, I don't know that. 19 Q Do either of the Akhtar papers that we 20 just looked at refute Dr. Saed's research? 21 MS. CURRY: 22 Object to the form. 23 A The only comment I would make on that 24 is that this -- and again, I looked at this for</p>
Page 419	Page 421
<p>1 MS. CURRY: 2 Object to the form. 3 A Yeah. I'd have to see that. 4 MS. THOMPSON: 5 Q Okay. 6 A But I'm more familiar with Buz'Zard. 7 Q Okay. Well, we just looked at that 8 one; right? 9 But at least -- 10 A Yeah. 11 Q -- that's what the authors state in 12 their introduction -- 13 A Yeah. 14 Q -- regarding talc; correct? 15 A Yes. 16 Q And, then, we'll just go to the 17 conclusion. 18 A Uh-huh. 19 Q The last paragraph. "In conclusion, 20 both IN" -- which is Indian nano particles or 21 nano talc -- "and CN" -- which is commercial nano 22 talc particles, "significantly induce 23 cytotoxicity, oxidative stress and apoptosis in 24 human lung epithelial cells."</p>	<p>1 literally five minutes, but I went through some 2 of the figures. This paper shows a lot of 3 cytotoxicity and apoptosis with the effect of 4 talc. That's -- and this is actually in a cancer 5 cell line; right? It's human lung epithelial 6 cells. I don't think they're -- they're at least 7 immortalized. So that strikes me as different 8 than the proliferative effect he's describing. 9 MS. THOMPSON: 10 Q That wasn't my question. 11 A Okay. 12 Q My question: Do these results refute 13 Dr. Saed's work? 14 MS. CURRY: 15 Object to the form. 16 A Well, this is in lung cancer, so it's 17 pretty much irrelevant. 18 MS. THOMPSON: 19 Q And where -- where are you finding that 20 it's in lung cancer cells? 21 A Human lung epithelial A549 cells. I 22 worked with them quite a bit. It's a lung cancer 23 cell line. It's an adenocarcinoma. Top of page 24 396.</p>

106 (Pages 418 to 421)

Michael Birrer, M.D., Ph.D.

<p style="text-align: right;">Page 422</p> <p>1 Q Human lung epithelial cells?</p> <p>2 A Uh-huh.</p> <p>3 Q Those are cancer cells?</p> <p>4 A A549, if it's the same A549 which I</p> <p>5 know about, which I think it is, that's an</p> <p>6 adenocarcinoma.</p> <p>7 Q Do you see anywhere in the paper where</p> <p>8 it describes those as cancer cells?</p> <p>9 A Just let me look at the back. I don't</p> <p>10 see it, although I've rushed through this. But I</p> <p>11 don't see it.</p> <p>12 Q I know. I don't see it either.</p> <p>13 They're just described as human lung epithelial</p> <p>14 cells, which doesn't sound like they were</p> <p>15 considered to be cancer cells.</p> <p>16 I'm not sure I got the answer to the</p> <p>17 question "Is there anything in either of these</p> <p>18 Akhtar papers that refutes Dr. Saed's findings?"</p> <p>19 A No.</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 MS. THOMPSON:</p> <p>23 Q Do both of these Akhtar papers</p> <p>24 demonstrate biological effect from talc particles</p>	<p style="text-align: right;">Page 424</p> <p>1 MS. CURRY:</p> <p>2 Oh. I'm so sorry. Thank you.</p> <p>3 EXAMINATION</p> <p>4 BY MS. CURRY:</p> <p>5 Q Dr. Birrer, you have reviewed</p> <p>6 Dr. Clarke-Pearson's expert report; correct?</p> <p>7 A Yes.</p> <p>8 Q Do you think his opinions overall are</p> <p>9 based on sound science?</p> <p>10 A No.</p> <p>11 Q Do you defer to him on any issue</p> <p>12 presented in this case?</p> <p>13 A No.</p> <p>14 Q Do you defer to any of the plaintiffs'</p> <p>15 experts on any issues presented in this case?</p> <p>16 A No.</p> <p>17 MS. CURRY:</p> <p>18 I have no further questions.</p> <p>19 Thank you.</p> <p>20 MS. THOMPSON:</p> <p>21 I'm done.</p> <p>22 VIDEOGRAPHER:</p> <p>23 Okay. This concludes this deposition.</p> <p>24 The time is 6:04 p.m. We're off the</p>
<p style="text-align: right;">Page 423</p> <p>1 on cell culture --</p> <p>2 MS. CURRY:</p> <p>3 Object to --</p> <p>4 MS. THOMPSON:</p> <p>5 Q -- lines?</p> <p>6 MS. CURRY:</p> <p>7 Object to the form.</p> <p>8 A I would say yes, that there is some</p> <p>9 activity.</p> <p>10 MS. THOMPSON:</p> <p>11 If we can take just a short break, I</p> <p>12 think I'm finished.</p> <p>13 VIDEOGRAPHER:</p> <p>14 Off the record at 5:48 p.m.</p> <p>15 (OFF THE RECORD.)</p> <p>16 VIDEOGRAPHER:</p> <p>17 We're back on the record at 6:03 p.m.</p> <p>18 MS. THOMPSON:</p> <p>19 Dr. Birrer, I have no further</p> <p>20 questions. Thank you for your time today.</p> <p>21 MS. CURRY:</p> <p>22 I have just a few follow-up questions.</p> <p>23 VIDEOGRAPHER:</p> <p>24 Counsel, your microphone.</p>	<p style="text-align: right;">Page 425</p> <p>1 record.</p> <p>2 (Deposition concluded at 6:04 p.m.)</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>

107 (Pages 422 to 425)

Michael Birrer, M.D., Ph.D.

Page 426	Page 428
<p>1 CERTIFICATE</p> <p>2 STATE OF ALABAMA)</p> <p>3 COUNTY OF MOBILE)</p> <p>4</p> <p>5 I do hereby certify that the above and</p> <p>6 foregoing transcript of proceedings in the matter</p> <p>7 aforementioned was taken down by me in machine</p> <p>8 shorthand, and the questions and answers thereto</p> <p>9 were reduced to writing under my personal</p> <p>10 supervision, and that the foregoing represents a</p> <p>11 true and correct transcript of the proceedings</p> <p>12 given by said witness upon said hearing.</p> <p>13 I further certify that I am neither of</p> <p>14 counsel nor of kin to the parties to the action,</p> <p>15 nor am I in anywise interested in the result of</p> <p>16 said cause.</p> <p>17 Signed this 22nd day of March, 2019.</p> <p>18</p> <p>19</p> <p>20 LOIS ANNE ROBINSON, RDR</p> <p>21 COURT REPORTER, NOTARY PUBLIC</p> <p>22 STATE OF ALABAMA AT LARGE</p> <p>23 ACCR# 352; EXPIRES 9/30/19</p> <p>24</p>	<p>1 - - - - -</p> <p>2 E R R A T A</p> <p>3 - - - - -</p> <p>4 PAGE LINE CHANGE</p> <p>5</p> <p>6 REASON: _____</p> <p>7</p> <p>8 REASON: _____</p> <p>9</p> <p>10 REASON: _____</p> <p>11</p> <p>12 REASON: _____</p> <p>13</p> <p>14 REASON: _____</p> <p>15</p> <p>16 REASON: _____</p> <p>17</p> <p>18 REASON: _____</p> <p>19</p> <p>20 REASON: _____</p> <p>21</p> <p>22 REASON: _____</p> <p>23</p> <p>24 REASON: _____</p>
<p>Page 427</p> <p>1 INSTRUCTIONS TO WITNESS</p> <p>2</p> <p>3 Please read your deposition</p> <p>4 over carefully and make any necessary</p> <p>5 corrections. You should state the reason</p> <p>6 in the appropriate space on the errata</p> <p>7 sheet for any corrections that are made.</p> <p>8 After doing so, please sign</p> <p>9 the errata sheet and date it.</p> <p>10 You are signing same subject</p> <p>11 to the changes you have noted on the</p> <p>12 errata sheet, which will be attached to</p> <p>13 your deposition.</p> <p>14 It is imperative that you</p> <p>15 return the original errata sheet to the</p> <p>16 deposing attorney within thirty (30) days</p> <p>17 of receipt of the deposition transcript</p> <p>18 by you. If you fail to do so, the</p> <p>19 deposition transcript may be deemed to be</p> <p>20 accurate and may be used in court.</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>	<p>Page 429</p> <p>1</p> <p>2 ACKNOWLEDGMENT OF DEPONENT</p> <p>3</p> <p>4 I, _____, do</p> <p>5 hereby certify that I have read the</p> <p>6 foregoing pages, and that the same is</p> <p>7 a correct transcription of the answers</p> <p>8 given by me to the questions therein</p> <p>9 propounded, except for the corrections or</p> <p>10 changes in form or substance, if any,</p> <p>11 noted in the attached Errata Sheet.</p> <p>12</p> <p>13</p> <p>14</p> <p>15 _____</p> <p>16 MICHAEL BIRRER, M.D., PH.D. DATE</p> <p>17</p> <p>18 Subscribed and sworn</p> <p>19 to before me this</p> <p>20 _____ day of _____, 20____.</p> <p>21 My commission expires: _____</p> <p>22</p> <p>23 _____</p> <p>24 Notary Public</p>

108 (Pages 426 to 429)

Michael Birrer, M.D., Ph.D.

Page 430	
1	LAWYER'S NOTES
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24	_____

A	246:12 251:7	371:17,21	191:16 312:5	97:4 99:8,24
a.m 1:19 10:5	accept 332:7	Actinolite 6:19	adjective 112:23	100:11 108:22
113:10,13	357:23 371:17	action 426:14	administration	113:16 115:11
A2780 357:16	389:12	activates 163:8	14:4	116:9,18
A459 410:11	acceptable	activating	administrative	117:16 118:14
A549 9:9 421:21	300:8 371:18	151:12	14:23 15:2	121:9 122:2,17
422:4,4	acceptance	active 260:19	advanced 138:6	123:11,17
abandoned	295:13 389:3	314:8	advice 280:23	124:6 125:4,23
190:2	accepted 337:9	activities 274:14	advise 283:4	126:5,17,22
ability 33:13	356:17 364:1	274:15	292:3,11	127:22 128:7
able 37:13 73:6	390:18 413:19	activity 62:4	advising 280:12	129:16 130:3
80:13 98:18,22	accepting	93:10 261:5	284:20	131:2,23 132:8
99:9 128:3	332:12	265:6 266:9,10	Aerial 255:20	133:9 134:10
140:18 194:21	access 128:4	266:13 269:24	affiliated 404:3	135:17 136:6
214:8 260:8	accidentally	270:9 367:18	affirmatively	136:15 137:16
absence 89:6	198:2	370:1,2,24	17:8 25:18	138:3,4 139:6
169:12	accompanied	423:9	49:23 98:13,19	139:23 141:1
Absolutely	53:9	actual 33:19	170:8,11	141:16 142:8
339:6	account 128:17	47:3 88:21	183:15 231:7	143:2 144:2
absorb 237:20	ACCR 426:21	111:21 202:11	244:23	146:16 148:15
237:20	accreditation	317:1 324:1	Afindeis@nap...	149:22 150:13
Absorbable	361:23	368:4	2:17	150:16 151:18
199:22	accuracy 380:14	acute 191:11,19	aforementioned	152:19 153:11
absorbed 193:3	accurate 252:10	251:2	426:7	153:12 156:13
193:8	321:1 334:24	ad 288:1	African-Amer...	157:13 158:4
absorption	343:20 354:15	adapt 403:13	120:10,16	159:8 161:1
278:12	367:24 368:8	add 35:2 257:23	130:10	163:16 164:16
abstract 150:24	371:9 372:8,19	311:24	AFT3 404:7	165:13 168:21
151:3,6 155:16	373:21 379:2	addict 97:12	age 120:24	169:19 171:18
155:18 163:6	380:5 384:11	addition 46:23	169:13,13	173:6,21
209:23 268:13	398:6 427:20	additional 20:11	agencies 48:7	179:11 184:11
302:16,22	accurately	31:14 152:4	agency 67:13	193:7 198:10
348:23 354:19	248:15	address 25:24	249:9	207:16 217:8
355:9 389:23	achieve 140:7	57:21 161:6	agent 92:21	217:10 222:18
395:5 396:14	acid 9:10	168:11 412:19	146:23 192:11	226:5 229:21
406:21 407:4	acknowledged	addressed 37:16	agents 296:15	246:2 247:17
410:17 412:3	325:17	88:2,9	304:23	248:10 250:4
abstracts 388:23	ACKNOWLEDGE...	addresses	Aggarwal	250:23 251:8
389:2,11 390:7	429:2	177:19 342:23	162:23	251:16 252:2
390:10,18	ACOG 254:13	addressing	ago 254:18	252:14,20
391:20 392:13	254:15	54:21 55:9	302:2 327:19	257:13 261:4
393:11	acquisition	296:21 410:13	agree 17:19	263:21 268:21
Academies 6:12	151:15	adenocarcino...	29:22 33:3	269:5 276:15
Academy 68:24	ACS 234:17	421:23 422:6	53:1 71:21	276:19 288:19
68:24 69:2	235:21	adhesion 312:2	72:5 73:19	289:16,18
241:24 242:11	act 135:16	312:2,4	75:20 78:20	297:1,6 298:13
	actin 360:7,15	adhesions 191:9	83:15 95:11	299:17 304:13

307:9,18 308:2	104:9,16 105:1	57:16 63:24	205:6 207:7	appears 142:5
309:14 311:11	426:2,20	66:8,10 224:22	216:23 240:3	268:17 366:24
314:11 315:15	ALASTAIR	330:20 331:6	266:12 275:5	402:18 417:16
330:5,6 335:13	2:16	332:18 333:7	280:18 281:3	apples 72:23
337:4,20,22	albeit 141:14	351:9 352:6	285:8 286:22	399:23
339:5 340:8	Alberto 5:10	356:23 383:6	293:8 318:1	application
341:21 342:1	alcohol 117:24	387:23	323:8 346:2	98:12 122:20
343:6,13,20	algorithm 64:23	analyzed 231:10	354:1 363:18	126:13 127:20
344:18,20	allege 7:14	analyzing 75:17	364:19 378:17	128:14 255:1
347:1 353:7	ALLEN 2:3	287:3	386:2 405:5	295:13
358:1,9,15	allergic 200:7	anatomic	422:16	applications
359:4 362:14	allow 77:2	129:21 130:23	answering 63:16	4:24 53:20
366:20 370:22	alteration	210:4	205:1 251:13	99:17
374:11 379:1	309:12 350:16	anatomical	answers 380:14	applied 7:20
386:18 389:10	alterations 8:23	129:13	380:20 426:8	53:24 63:13,23
391:5 392:1,20	309:7,20	anatomy 201:5	429:7	96:12 97:5
395:17 396:20	341:19 401:12	219:23 220:6	Anthophyllite	106:6 181:3
397:4,20	alternatives	220:21 221:4	6:19	186:23 358:8
398:16 400:11	296:3	221:14,19	antioxidant	361:9 372:15
406:12,19	Alvarez 244:19	anchor 74:11,18	370:24 398:14	402:1
413:17 414:3	244:19	79:5	antioxidants	applies 69:8
agreed 181:2	American 6:8	and/or 188:19	312:23 367:13	71:15 187:13
207:9,16	6:21 233:7,19	anecdotal	367:17,18	222:20
222:18 275:7	233:23 234:5,8	239:15,21	399:6	apply 66:17
289:9	234:21 236:22	angiogenesis	antiperspirants	107:3 150:19
agreeing 56:2	257:10	151:11 163:12	184:7	218:8 259:19
ah 201:15 256:9	Amit 167:15	Anil 244:13,17	antitumor 156:2	261:20 264:20
ahead 24:15	168:16	animal 15:15	anybody 40:12	265:6
36:16 48:9	Amosite 6:18	94:14 130:19	82:7 341:4	appreciated
116:22 149:12	amount 14:23	131:13,19	anymore 80:24	152:16
165:5 198:10	79:24 89:7	132:2,4 194:3	anywise 426:15	appreciation
199:10 207:6	98:6 100:14	235:5	apoptosis 9:12	275:16
239:9 246:19	216:7 272:4,7	animals 180:8	344:23 345:23	approach 107:2
264:11 294:11	310:11 312:1	Ann 37:4,4	349:17 362:6	325:14
302:11 306:18	amounts 212:4	Anne 1:19 3:20	415:9,18 417:3	approached
311:5 329:3	268:19	426:19	418:9 419:23	25:8 40:7 41:3
334:9	Amphibole 7:5	announcement	421:3	54:5 65:7
aided 123:14	7:11	199:11	apparently	300:19,19
Akhtar 9:10,14	amplification	annual 354:20	253:2 300:9	324:16 325:9
409:17 415:5	311:23	answer 19:18	appear 193:24	approaches
420:19 422:18	analogizes	26:22 29:14	331:16	117:24
422:23	213:18	30:9 55:17	appearance	appropriate
al 5:14,17,24 6:6	analogous	56:12,20 59:22	78:17	107:10 110:4
6:23 8:7,21	195:14 214:23	62:10,10,11	appeared	138:17 166:15
9:10,14	215:10 261:17	63:5,7 66:2	304:24 352:10	427:6
Alabama 1:18	analogy 261:4	80:13 85:18	358:23 359:2	appropriately
1:22 2:4 10:7	analysis 7:3,8	115:15 119:1	401:22	296:18

approve 380:1	155:18,19	135:14 136:20	asbestos-free	assessment 4:15
approximately	157:24 158:6	146:8 178:11	295:19 296:1	6:5 48:15 51:2
1:18 73:21	158:21 160:4	178:14 187:6	ascend 126:20	51:9 53:9 54:1
138:7 146:9	160:13,15	194:24 195:1,6	ascending 122:6	54:8 64:1
190:2	162:7,7 163:2	195:18,19,21	ascends 221:2	180:24 187:4
area 17:22 30:17	163:22 165:6	196:3,12,13,16	ascension 222:7	187:17 188:18
37:19,22 38:4	166:15,24	234:23 235:7	ascites 274:17	188:20 238:23
38:13,15,24	167:2,19	235:18 249:3	ascorbic 9:10	Assessments
39:3,6,8,11,14	168:10 169:2,5	249:12,15,18	asked 25:23	53:23
54:23 57:17	172:8 173:3,9	249:20 250:2,7	26:18,23 33:24	associated 27:24
69:10 77:6	173:22 174:4	250:22 251:20	35:16 36:6	115:9 116:15
78:19 80:4	174:17 175:2	262:18 263:22	39:21 45:21	117:9 120:11
84:18 86:6	226:18 230:18	264:12,19	57:11 59:23	130:9 136:3
89:15 96:8	230:19 253:24	265:7,10,12,13	89:16 101:16	137:8 147:8
118:4 240:15	254:7,7,20,22	267:19 268:5	196:13 205:9	156:4 158:15
246:5 263:1	257:8 272:23	268:15,17	205:18 240:1	248:9 249:3
272:9 304:8	288:4 292:2	269:4,18	242:22,24	255:1 300:6
314:8 333:23	296:20 305:21	270:23 271:7	243:3 273:7	313:12 404:3
338:19 364:21	309:5 333:10	272:9,20	300:1,10	associating
areas 16:20 32:9	394:1,8 395:7	273:10,21	317:24 325:23	145:6 158:12
82:10 227:15	395:19 396:9	274:5,6,24	325:23 327:24	association 8:5
argarose 349:4	398:4 399:10	275:1,17,24	395:19	34:10 121:20
argue 204:2	399:14 400:9	276:23 277:5,7	asking 18:17,18	123:23 130:19
212:4 259:16	417:2	277:13,20,24	19:1 26:10	134:4 135:24
271:10 307:14	articles 16:11,22	278:4,9,11	59:11,11 62:23	138:14,19
312:6 406:17	20:12 45:2	279:4,13	79:12 114:18	139:2 141:4,9
arguing 216:22	46:21 240:21	280:14,22	182:18 203:20	141:22,23
argument	254:19 255:15	281:7,10	205:14 238:21	142:4,16
110:24	256:17 394:12	282:15,19	251:8 261:3	143:22 144:24
argumentative	asbestiform	283:3,16 284:3	270:2,17 291:3	157:4,16
280:10	55:13 69:9,18	284:18 285:4	333:19 348:15	159:18 183:9
arguments	70:22 117:2	285:14,22	350:19 354:5,7	206:3 231:18
35:22	146:7 178:8	286:3,8,22	363:14 374:5	248:5,12,16,22
Army 276:14	262:6,12,17,20	287:12,13,22	408:4 411:20	249:15,20
ARPS 2:22	262:22 263:18	289:2,19	412:15	250:8 256:24
arrival 176:6	263:18 264:22	292:12 295:11	aspects 14:3	267:14 297:13
arrow 382:19	265:10,12	295:20 297:9	168:13	404:10 417:15
383:22	295:15	298:23 299:19	assay 345:4	Associations
Arsenic 70:3	asbestos 6:18,22	299:24 300:6	361:7 362:8	156:23
article 5:12 8:19	7:5,11,14	300:10,14	assays 360:6	assume 34:15
16:14 17:14	40:20 54:16	301:10,11	361:21 363:8	42:19 75:3
102:2 106:9	57:8,12,18	402:1,2,11	388:2 399:15	79:19 80:3
107:6 149:5,23	69:17 70:12,21	403:19	assertion 295:9	88:13 94:8
150:2,9,12	71:3 91:11,13	asbestos-cont...	assess 33:13	108:14 133:9
151:19,21	91:15,20	100:15	90:3,11 210:7	134:13 167:20
153:18,20	100:13 107:19	asbestos-expo...	292:18	167:21 172:7
154:2,4 155:7	129:11 135:6	275:6	assesses 247:14	172:14,15

194:15 215:6	76:20 79:14	51:2 142:13	282:14 283:6	156:14 157:13
226:9 246:2	155:5 209:1,5	143:14 172:8	283:12 284:1	158:5 159:4
256:7 269:19	245:22 337:5	182:15 183:5	284:17 285:21	160:9 161:7
269:21 270:4	author's 344:16	183:11 236:23	286:8,20	banned 190:16
272:4 278:10	authoritative	296:3	287:12,14,22	190:17 199:20
282:19 336:12	171:17 172:8	Avenue 1:17	288:21 289:2	banning 199:11
368:3 375:16	172:16 173:8	average 120:24	292:11 297:2	bar 369:6
391:12 411:17	authority 174:7	275:18	300:14 359:6	bars 382:19
assumed 54:9	authors 16:22	avoid 236:24	378:20 420:6	383:22
270:20	75:4,10 76:8	237:9	420:16	Barton 3:5
assuming 25:19	76:10,23 77:3	aware 13:1	back 5:9 11:10	basal 137:22
54:21 87:16	77:4 78:5,18	40:14,18 49:9	22:16 23:4	based 30:19
94:23 261:17	79:9 80:15	51:16 66:12	42:1 44:12	41:14 51:14
270:22 272:6	111:17 162:8	69:15 70:20	46:4 62:1	57:13 65:7
280:21 282:22	162:22 166:14	94:14 95:4	63:11 70:5	87:7 98:4
282:24 403:8	167:3,13	97:19 103:8	73:4 74:10	143:12 184:19
assumption	169:20 171:15	160:15 161:5	80:22,23 89:13	187:5 190:20
87:18 270:16	172:1 173:1	161:20 189:18	95:1 113:13	202:24 205:14
assumptions	175:8,9,12	190:16 192:1	145:22 148:19	224:22 227:1,5
347:16,20	180:10 203:6	197:9,21 198:7	148:21 159:3	229:3 234:17
assure 210:10	203:21 204:7	200:13 228:23	194:20 198:11	235:4 239:10
ATF 404:1	204:11,16,19	229:10 237:17	201:8 203:5	266:11,18
ATF3 403:23	204:20 205:10	240:6 241:19	212:13 230:6	277:19 284:23
404:9,15	206:1,4,9,20	276:3,4 287:10	233:15 298:12	289:12 332:5
Atlanta 3:4	207:1,20 208:5	293:13 294:2,9	300:24 306:20	348:8 372:20
attached 23:4,9	209:3,11,17,24	294:10 334:7	310:22 312:14	383:15 388:23
23:16 25:6	210:10 211:20	354:18 359:18	337:12 346:10	414:15 424:9
47:20 332:20	244:9 248:2,10	388:22 393:3	349:14 356:14	bases 335:5
427:12 429:11	249:14,19	409:21 410:3	364:16 365:19	basic 201:5
attempt 67:16	250:21 251:4		370:19 375:18	219:23 220:6
attend 102:14	252:5 268:12	B	384:16 387:19	220:21 221:4
attendees	268:22 269:16	B 301:5 382:4	387:20 406:15	410:18 412:22
340:17	270:22 344:12	baby 7:4 56:23	416:24 422:9	basically 13:13
attention 257:1	355:8 394:12	58:4 84:3,6	423:17	59:3 254:9
attorney 427:16	406:20 407:2	86:3 87:11	back-and-forth	347:23 386:19
attorneys 326:6	407:16 410:23	88:10,21 91:4	337:5	basis 8:5 13:6
attracted 257:1	411:1,8 412:15	91:7,10,21	background	15:9 58:23
attributable	413:6 414:5,14	96:5,19,21	114:4 147:12	83:22 144:13
116:5	417:6,13,19	109:7 120:22	backup 45:6,6	203:22 205:17
audience 150:13	419:11 420:1	140:1 146:11	46:7	205:18 272:6
150:14 330:4	authorship	184:6 225:17	bad 19:17 43:14	275:10 316:21
auspices 186:10	74:16 79:11	259:20 260:9	275:17	317:9 318:24
246:12 254:13	automatically	260:13,18	badness 196:22	332:22
Australian	314:20 315:5	261:2,3,17	balance 312:22	bath 184:7
78:15	315:15 322:14	265:6,7,18	Balkwill 5:10	Beach 2:9
author 17:6 74:3	416:8	266:1,9,11,15	153:2,5,7,19	beads 402:5
74:6,14,18	available 47:13	280:17,21	154:8 155:4,9	BEASLEY 2:3

bedtime 225:17	benefits 237:16	66:12,20 90:21	230:8 239:22	boilerplate
began 35:24	238:1,7,13,17	91:2 92:7 93:7	268:7 280:16	333:17
beginning 182:9	238:24 239:5	93:9,19,22,24	283:5 285:3	bold 188:10
183:2 330:21	240:13,14,22	123:22 124:9	310:24 365:21	296:22
335:7	benign 128:5	124:13,19	374:4 415:6	bombs 184:8
behave 260:18	169:14	130:18 145:1	417:2 423:19	book 242:15
Behavioral	Benjamin 2:23	145:16,21	424:5 429:15	244:7 247:3
247:23	Benjamin.hal...	192:10 259:12	Birrer's 46:15	391:22
behest 251:6	2:24	261:5 266:9,10	106:10	Boston 2:20
belief 61:20	benzophenone	266:13,19	bit 20:9 61:11	bothered 79:14
68:17	266:4	267:14 287:5	72:22 83:6	bottle 87:11
believable 65:21	best 254:18	313:3 338:20	86:5 131:24	bottles 283:1
believe 19:3	255:15 256:16	340:5 358:8	147:16 157:19	284:3
25:12 26:22	beta 360:6,15	378:17 379:11	174:2 192:13	bottom 188:16
30:13 31:11	371:16,21	379:12,15	193:22 197:4	199:19 254:24
45:6,21 47:2	Beth 243:22	405:24	256:22 262:11	255:11 349:15
51:8,15 54:12	244:13	biological 26:1	276:12 290:11	bottom-line
59:6 60:17,24	better 15:10	27:5,15 265:6	304:20 305:21	255:8
64:2 65:20	30:23 156:23	283:13 311:13	311:17 349:2	bought 85:6
69:5,21 70:15	221:14,21	347:9 378:12	364:20 369:18	364:5
75:14 76:24	224:8,16 252:8	405:19 415:22	374:6 397:10	Boulevard 2:20
97:18 120:15	252:12 269:15	422:24	399:20 408:9	box 176:20
121:4 148:2	290:13 296:15	biologically	408:12 421:22	364:14
153:6,8 158:18	346:19 408:18	29:23 126:10	bizarre 408:18	Bradford 63:23
159:11,21	beyond 170:14	258:24 260:7,8	Blaes 25:12	66:9,13 145:22
170:2 185:9,18	bias 142:24	260:19 301:3	blank 177:23	brain 256:24
185:24 186:10	143:1 180:15	Biologics 358:3	blocked 129:14	break 19:21
189:21 194:2	biased 68:18	358:4 375:21	blocking 129:3	105:17 112:3
200:20 201:6	322:15	biologist 153:11	Blood 397:24	113:8 176:5
202:2 212:10	big 26:11 75:18	biologists	BMJ 7:13 288:5	177:8 230:1
213:2,6 220:19	75:18 95:7	312:21	288:6 289:22	306:16 310:17
242:17 244:12	128:22 148:22	biology 5:12	290:17 293:3	364:23 365:7
244:21 246:14	149:3,4 188:10	26:7 162:13	boards 146:20	423:11
253:15 254:14	194:11 244:7	346:9	boat 105:24	breaking 105:10
264:9 279:11	251:3 308:13	Birmingham	Boat's 106:2	177:6
299:22 305:9	316:14 322:7	1:18 10:7	Bob 171:4	breast 202:2
313:6 314:12	324:10 377:24	288:10	body 43:24	breastfeeding
314:24 315:2	biochemical	Birrer 1:14 4:8	68:16 108:23	119:7,18
317:2 334:8	192:5,19	4:10 10:9,13	109:1 110:13	brief 346:21
345:3 360:3	312:19	10:20 21:20	117:2 135:3	bring 19:22
379:6 386:14	biologic 26:11	23:3 42:17	136:11 152:3	114:24 256:10
389:1 400:16	27:13 29:17	49:22 81:23	165:22 180:3	257:4,8
402:21	30:2 36:2	82:19 113:15	180:12 184:5,7	Bristow 8:10
believed 157:14	41:10 51:13	115:4 146:21	184:19 193:3	334:3
157:22	59:2 61:13,14	153:20 160:22	235:12 237:21	British 288:8,9
benefit 239:6,10	61:21 62:4,13	167:2 177:8	body-type	broad 16:12
240:2	62:19,24 66:5	204:5 206:10	132:18	94:22 145:13

191:18 250:24 311:22 323:7 broadly 311:22 Broadway 2:15 broken 192:21 216:13 217:10 Brook 308:12 Brooke 7:23 brought 19:24 21:13,14 23:3 46:12 Brower 24:14 24:22 builders 279:3 bulk 32:16 bullet 235:8,9 235:10 337:16 395:14,15 bulleted 342:4 bundled 24:19 24:19 bundles 178:9 burden 5:23 6:22 268:6 buried 349:2 405:6 businessman 24:12 busy 244:6 Butler 1:16 Buz'Zard 9:4 93:20,21 94:5 94:7 406:2 407:20 408:1 408:10,17 418:17 419:6	360:19 CALCAGNIE 2:8 California 2:9 call 106:17 119:2,3 259:14 288:4 322:9 376:2 379:14 called 77:22 108:9 243:21 calling 316:21 camp 308:19 Canada 4:15,24 48:21 49:10 51:1,8 53:21 53:24 54:9 63:13,18 71:22 180:24 181:3 181:11 182:6 182:15 184:13 184:18 186:13 186:22 187:16 189:5,11,16 200:13,23 202:17,18 264:5 Canada's 48:14 201:16 Canadians 181:24 182:2 cancer 5:7,9,13 5:16 6:8,9,16 8:6,21 13:21 13:24 14:22 15:7,9 26:3,12 28:2,6,10,14 29:2,9,19 30:4 34:9 40:6,17 41:2 44:8 55:11 57:12,24 61:18 66:7 67:14,18 78:7 89:18 90:23 92:8,12,21,24 95:11,12,13 101:21 102:3,7 107:15,19,21	108:17,20 110:20 115:10 116:5,17 117:10 120:12 121:14 122:5 128:19 130:10 131:9 133:3,4 133:17 134:6 134:17 136:2,3 136:9,19,21 137:9,13 138:6 138:19 139:2 141:4,7,10,13 142:5,17 143:16,23 145:4 146:24 147:2 149:1,23 150:10,18,19 152:4 153:10 155:11,20,21 156:3,7,9,24 157:3,4,16 158:16 161:8 163:3,15 164:11 165:12 165:14 166:5 166:10,16 167:23 168:21 170:17 172:3 173:5 180:13 183:10 190:10 197:12,16,23 198:8 201:24 202:2 230:11 230:14,21 231:14,21,23 233:1,7,19,23 233:24 234:5,8 234:10,21 235:23 236:7 236:11,14,22 237:23 241:21 242:18 243:20 246:4 248:6,9 248:13 249:5 249:10,13,16 249:21 251:23	252:23 254:21 255:2 256:17 256:24 273:13 274:7 275:6,24 278:5 279:14 283:13 284:9 288:21 293:19 295:20 296:11 297:9,21 299:1 300:2 305:1 306:10 307:3,7 307:14 313:17 314:5,14 334:19 336:13 337:12 340:10 342:6 346:12 346:14,21,22 346:23 347:24 357:17 377:20 395:8,11 396:19 397:16 398:16 399:16 399:21 404:2,3 404:10 410:12 417:16 421:4 421:16,20,22 422:3,8,15 cancerous 357:22 cancers 6:11 132:20 152:6 165:10 166:1 166:16 247:2 247:14 302:17 303:2 305:6 313:8,13 capabilities 152:15 capacity 7:17 capitalized 341:20 capturing 130:20 131:21 Car 7:10 carbohydrate 192:11,21 Carbon 255:20	carcinic- 235:13 carcinogen 18:19,19 19:3 19:9 146:22 147:15 148:3,9 235:19 carcinogenesis 135:6 136:11 148:15 267:10 267:13 carcinogenic 4:20 7:22 71:16 117:3 179:19,20 234:23 235:13 264:20 301:7 301:11,15 302:7 carcinogenicity 147:3 180:2 carcinogens 147:7,22 266:3 266:15 267:4 304:22 305:13 care 3:2 6:12 14:15 247:2 career 311:21 careful 24:2 68:6 80:1 283:15 285:11 carefully 256:5 344:7 427:4 Carmargo 249:5 Carolina 213:10 Carson's 37:22 cascades 305:5 case 1:7 11:6,16 11:17 12:5,10 12:16 23:19 24:18 25:12,22 27:3 31:23 32:5 46:13 65:6 97:13 102:10 103:5 104:13 145:15 165:20 208:14
C C 2:1 3:1 5:17 301:5 426:1,1 C-cells 349:18 C-reactive 135:23 248:4 CA-125 334:21 339:2,14,14,19 340:9,14,17 352:18,22				

211:9 292:22 296:12 424:12 424:15 case-control 115:7 139:3 140:18,20 180:12 231:2 case-controlled 115:21,23 144:5 case-controls 139:20 cases 1:8 23:23 24:9,19 26:18 96:8 116:5,6 208:21 211:17 211:19 290:11 cast 362:10 CAT 360:9,19 367:18 370:1,1 370:24 371:4 383:1 causal 134:3 141:14 143:15 182:16,23 183:11,17 249:11 causality 266:20 causation 26:23 27:4,11,16,19 32:18 cause 26:2 28:9 28:13 29:18 41:2 92:11,21 92:24 134:13 174:23 250:2 250:22 251:9 252:9 273:12 296:6 426:16 caused 9:8 191:12 288:21 causes 146:24 273:10 297:9 297:18 299:20 causing 26:12 135:4 161:8 301:6	caution 121:4 caveat 95:20 120:4,19 cavities 260:14 274:19 cavity 122:22 123:7 126:12 127:5 132:16 190:23 194:4 194:17 195:6 195:21,23,24 196:3,18,23,24 269:7 274:9,18 275:1 297:23 CDC 246:17 251:7 cell 9:3 95:15 117:18 121:13 122:9 134:19 150:2,23 151:10 154:18 162:17 163:9,9 163:10,12 164:8,14 165:21 303:16 303:19,21 305:3 326:1 334:19 337:12 337:18 339:1 339:13 340:7 341:14,15 344:22 345:22 352:10,13 357:15,17,22 358:1,2,4,10 361:7 362:6,11 367:22 371:8 372:13 375:4 375:12,20,21 376:3 377:20 378:2,20 379:13 380:24 381:3 382:1 386:10 387:12 400:13 401:24 406:14 416:4 421:5,23 423:1	cells 8:24 9:9,14 15:19 134:18 147:22 152:12 155:23 166:6 210:5 297:19 299:20 302:17 303:2,18 305:8 312:21,22 327:3 334:20 344:14,16 347:24 348:3 348:20 349:7 349:24 350:3,8 358:2,4,7,17 359:4,7,14 375:17 377:7 383:3 397:17 397:18 401:13 402:7 403:7,13 406:24 410:11 415:20,23 417:6 419:24 421:6,20,21 422:1,3,8,14 422:15 cellular 15:16 32:12 134:20 349:16 397:3 417:21 cement 275:20 center 14:22 247:17 361:10 Centers 247:13 central 133:2 346:11,14 363:10 certain 79:24 97:1 134:4 192:21 311:24 386:10 397:9 416:14 certainly 33:10 62:18 66:15 84:19 96:20 97:10 101:6 108:6 155:8 192:10 193:9	224:7 225:1 235:24 239:14 275:18 325:14 325:21 332:15 333:5 348:19 348:23 350:7 353:2 389:17 398:2 399:3 certainty 13:11 Certified 1:21 certify 426:5,13 429:5 cervical 125:8 129:23 Cervix 126:1 cetera 86:18,19 Cgarber@rob... 2:10 chagrined 322:18 chair 38:7 213:9 challenge 100:19 101:5 challenges 269:22 375:11 challenging 101:9 change 51:12 99:21 147:24 265:16,17 266:8 347:9 371:20 372:3,6 372:7 393:17 428:4 changed 12:17 12:19,23 347:7 348:10 369:14 changes 147:22 307:16 309:9 309:11,21 344:13,22 346:8 349:5 403:3,11 405:2 405:8,9,17 427:11 429:10 chapter 106:9 247:4,5 391:22	Characteristics 152:1 characterizati... 54:22 191:7 characterized 122:9 charge 361:22 charging 25:3 Charlie 167:15 168:5 chart 8:17 365:22 366:4 367:12,20 369:16 370:7 370:23 374:5 376:22 377:4 383:16 387:20 charts 366:21 374:12 382:15 check 37:8 176:5,14 245:14 268:9 checked 403:2 checking 271:14 399:1 chemical 88:10 258:4 304:22 304:23 305:13 chemically 250:1 257:23 258:2,17 chemicals 88:2 88:21 100:20 108:19 266:2 chemistry 313:1 chemoresistan... 163:11 166:5 166:11 399:22 Chemoresistant 398:15 chemotherapy 14:3 255:21 Chicago 3:9 358:3 chimney 145:3 choice 106:2 choose 41:23
---	--	--	---	---

43:9,15,18 79:23 80:5 172:7 241:7,12 choosing 79:16 79:18 257:8 chopped 363:15 chose 172:3 256:16 chosen 78:18 335:19 chromium 265:19 chromosome 309:12 Chron- 133:24 chronic 130:11 133:2 134:2 163:14 191:7 191:18 251:2 299:9 397:1 chronicity 130:23 Chrysotile 6:18 cigarette 100:9 100:11 118:1,3 circles 176:20 circumstances 297:18 355:19 citation 171:8 214:12 cite 41:23 42:12 172:3 418:16 418:19 cited 42:20 174:17 citing 248:6 249:5 citizen 4:17 49:14,19 citizen's 73:2,4 73:5 claim 344:16 346:11,13 349:6 claims 289:2 348:20 clarification	353:12,19 clarified 341:20 350:16 354:17 clarify 22:15 117:23 263:11 354:6 Clarke-Pearson 38:6,9 213:2,3 213:13,18 217:21 220:18 221:10,15,22 223:18 224:9 224:17 228:18 Clarke-Pears... 38:4 213:23 219:22 220:5 221:18 424:6 classic 148:11 225:9 classifiable 235:7 classification 179:17,24 235:14 classified 234:22 235:6 420:17 classmates 302:1 clean 376:21 clear 55:14 109:3 117:18 121:13 132:12 197:19 235:22 236:13,15 273:19 277:12 284:11,13 297:14 312:7 378:2,6 clearance 295:24 clearly 66:1 84:12 414:10 CLIA-approved 363:10 clinic 14:19 41:8 96:20 clinical 26:13	35:3 65:9 139:12 144:6 168:3,5 274:5 295:13 390:23 396:14 clinically 40:9 144:19 145:5 clinician 33:10 35:9 cloning 349:4 close 73:22 269:24 297:19 299:21 369:22 409:8 closely 163:15 295:12 CN 419:21 Co-Authors 5:3 co-counsel 367:6 coach 114:10 coaching 114:12 114:15,16 coauthor 79:17 coauthors 73:24 79:5,6 80:10 81:12 167:18 244:10 cobalt 265:20 cohort 115:7,21 115:24 139:20 140:9,17 144:5 145:15 231:8,9 coitus 131:1 213:21 218:15 218:17,23 278:16 collaborators 79:23 colleagues 102:12,18 334:16 415:5 collection 210:2 collectively 396:18 College 257:10 color 53:17	369:17 Colorado 2:12 Columbia 253:5 column 254:9 371:8 376:13 combine 147:14 combined 21:12 392:16 come 14:12 84:11 89:13 109:4 110:8,9 110:15 147:18 148:19,21 184:20 193:17 202:20 207:18 208:3 212:13 228:8,11 288:20 291:24 306:19 308:9 317:24 323:15 387:20 comes 188:11 270:24 378:3 comfortable 89:22 coming 52:22 68:14 70:5 87:23 100:17 112:4 114:5,19 223:9 309:22 323:23 command 84:1 commencing 1:18 comment 113:19 189:2 194:22 261:24 299:15 314:18 335:11 342:8 344:3 354:8 357:8 420:23 commented 342:3 387:7,9 comments 36:1 189:5,10 322:22 328:16 329:4,22	331:10,17,22 332:6,21,23 334:10 335:8 335:20 341:8 346:18 347:11 347:18 348:8 357:5 Commerce 2:3 commercial 419:21 commission 429:20 committee 2:2 243:18,19 246:3 389:7 390:6 common 133:19 201:5 211:2 220:21 221:4 337:4 communicate 274:15 communicatio... 103:20 community 77:16 120:10 120:16 company 326:2 326:3,22 comparable 31:13 Comparative 304:21 compare 192:16 255:19 366:13 366:14 compared 276:17 383:4 compares 272:13 273:2 276:16 comparing 72:23 242:8 399:21 409:4 comparison 256:4 compatible
--	--	---	---	---

133:16 compelling 127:13 145:20 compellingly 344:13 compendium 68:21 competence 109:24 competent 109:4 110:7 186:16 complaint 49:14 complete 65:10 148:3,8 completed 338:12 completely 61:16 68:8,10 83:14 143:23 271:21 374:22 416:4 complex 147:19 193:22 complicated 165:19 171:1 181:8 compliment 306:8 component 14:20 66:22 93:9 95:22 312:8 components 55:12 311:20 319:17 composed 76:6 compositional 57:15 comprehensive 33:18 106:21 107:14,18 108:8,15 computer 45:1 176:24 computer-based 44:22 45:5	con- 85:11 concentration 408:20 concentrations 194:3 concept 40:14 97:2 221:1 396:8 Concepts 306:10 307:2 concern 18:16 184:8 190:20 283:24 296:6 322:19 377:24 416:14 concerned 236:23 237:8 371:15 416:3 416:13 concerns 190:9 293:13 294:3 294:10 347:14 350:14,20 351:3,9 393:4 conclude 60:14 62:6 181:21 202:8,16 204:16 206:21 206:24 207:2 231:13 407:3,6 414:10 420:1 concluded 179:13 180:4 180:19 181:16 181:22 203:7 203:22 204:7 204:11 211:20 407:16 425:2 concludes 109:8 254:24 424:23 conclusion 52:22 66:3 109:5 110:8,10 110:16 112:19 112:20 158:19 184:20,22 185:15 187:2	201:16 202:15 202:17 210:24 227:16 255:3 268:21 348:24 383:9 414:5,20 414:22 419:17 419:19 conclusions 33:14 65:22 108:24 178:22 179:1 180:18 181:11 185:4 202:20 206:16 206:17 207:19 207:20 208:4,5 237:13 264:17 264:18 268:12 271:5 288:20 292:1 335:9 351:12,22 386:16,17 387:3 414:14 concordant 119:10 concur 83:14 condition 157:15 conditions 169:15 279:9 358:18 386:11 397:9 condoms 189:19 conduct 63:1 conducted 57:21 82:24 83:2 84:19 conduit 125:9 129:14,21,24 130:1 conference 102:15 confidence 260:4 confident 277:1 confidential 393:12 confirm 61:21	140:18 211:22 295:14 confirmed 139:1 conflict 320:8 321:19 conflicted 355:15 conflicting 320:13 confounders 141:22 confounding 141:5,11 142:7 180:15 confused 206:2 confusing 83:13 congressionally 247:12 connecting 125:10 connection 196:23 consequences 152:17 Consequently 346:4 consider 30:16 61:12 73:15 84:21 85:14 170:16 191:5 300:10 312:20 405:19,23 considerably 372:3 considered 42:15,16 45:10 45:11 54:18 67:10 77:5 119:6 167:22 289:12 336:18 384:6 422:15 considering 147:3 213:19 considers 200:10 consistency 98:2 99:19	consistent 12:24 108:5 130:11 133:15 142:4 142:15 180:14 214:10 consistently 118:5 consortia 138:16 consortium 34:2 34:6,10,16,19 34:22 75:21,22 76:5 78:16 consortium's 76:10 constitute 182:6 construct 32:18 44:24 constructed 25:2 consultant 317:3,18 320:17 355:23 consultation 188:19,22 consumer 235:22 236:13 237:1,10 contact 269:3,6 269:17 270:1,3 270:16 271:24 272:2 297:20 299:21 contacts 279:13 contain 85:11,13 237:1,10 280:22 283:3 284:17 285:4 289:2 295:10 contained 4:13 7:14 32:4 84:5 85:15 91:13 282:14 284:2,3 285:22 286:21 container 261:13 Containers 7:9
---	--	--	---	---

69:17,18 70:22 235:7,23 236:13 280:13 contains 91:11 234:23 265:7 265:19 292:11 contaminant 210:1 contamination 40:20 209:18 210:3,12 211:1 211:24 212:4 271:11,19 contemporary 295:9 content 90:2,10 91:3 context 62:6,21 89:20 232:20 242:8 258:15 258:16,17 297:2 322:18 326:17,21 continue 280:17 continued 3:1 5:1 6:1 7:1 8:1 9:1 contraceptive 119:7,17 contraction 227:2,16 contractions 226:24 contrary 201:5 219:23 220:5 220:20 contrast 137:9 contribute 29:1 29:8 30:3 77:23 80:6 155:24 407:7 407:14 contributed 104:15,22 contributing 75:12 contribution	310:11 contributions 307:12 control 18:21 145:15 202:1 214:8 247:13 247:18 361:24 379:6 382:8,9 controlled 209:17 controlling 379:8 controls 383:4 controversial 336:4,6,11,18 convenient 172:22 173:11 conversation 222:15 conversations 96:11 321:17 321:23,24 322:1 328:2,7 328:11 convince 62:3 convinced 159:1 convincing 60:13 110:14 110:19 120:17 202:16 266:19 339:4 352:23 convincingly 112:20 copies 45:6 50:12 114:22 114:24 322:3 copy 20:19 46:12 47:3 50:16,21 69:24 162:9 188:5 247:21 281:15 282:6 294:22 321:12 328:19 329:12 330:8 345:18 367:8 401:9 415:11 core 361:14,19	361:23 362:3 363:11 corn 198:5 cornstarch 189:20 192:2 192:10 193:2 197:11,15,22 241:6,11,16,17 241:20 cornstarch-ba... 198:6 Corporate 2:8 correct 10:24 11:2 12:5,8 13:14,16,17 15:14 17:9,10 18:21 23:5,10 23:11,24 24:10 26:4,7 27:6,16 27:17,20 28:3 28:7,11,17 29:6 32:2,24 33:20 34:5,17 34:23 35:14,15 36:21 39:4 42:13 43:17,20 45:12,15 47:1 48:7,8,15 52:6 63:18,21 65:4 66:24 67:8,10 69:10,13,18 70:23 73:23 74:2,4,5 79:20 85:12 94:10 95:18 98:12 101:24 102:1,4 107:15,16,17 107:20 108:16 108:21 134:14 150:1 154:5,6 155:11,14 157:5,6 160:16 163:5,23 165:7 165:8 172:5 175:2,11,20 184:10 187:3 188:3 193:12	196:4 197:18 208:10,11,14 208:15,17 211:19 213:4,7 213:8,10,11,14 230:17 233:21 235:20 237:3 243:21 246:6 246:14,15 247:19,24 248:1 249:23 257:10 262:8 272:1 276:10 278:2 281:8 282:21 288:23 289:3 297:3 298:14,19 299:22 305:10 312:14,17 320:9 323:16 327:4,7 328:17 329:10,11 333:11 334:4 334:12 335:17 335:21 337:24 339:9 341:16 341:17,22 345:1 347:12 347:13 351:24 352:3 357:6,17 358:14 359:6,9 359:11 360:20 361:7,11 362:8 362:12,17 363:4,22 366:21 367:18 367:19 371:1 374:13,15 377:6 379:14 379:22 387:3 388:24 389:4 391:7 392:3 394:14 395:21 396:9 398:7,19 399:7,16 400:9 400:13 401:1 401:23 402:1,4	402:9,12 403:19 404:2 404:11,22 406:3,14 407:17 408:14 410:24 411:3 411:10,20 413:23 414:15 414:23,24 417:8 418:17 418:20 419:14 420:7 424:6 426:11 429:7 corrected 98:23 corrections 427:5,7 429:9 correctly 179:14 210:15 227:6 227:12 242:4,9 249:8 311:19 345:3 Correlate 8:24 401:13 Correlative 6:3 corresponded 307:6 correspondence 7:16 321:6 corroborated 337:18 341:14 341:16 corroboration 339:7 cosmetic 5:22 26:2 146:11 410:19 411:3 412:24 cosmetic-grade 187:5 cosmetically 85:6 costly 338:7 cough 241:9 coumarin 266:3 COUNCIL 3:2 counsel 2:2 3:2 3:7 10:10 22:5
---	--	---	---	---

42:3 50:16	308:18 315:6,6	17:24 19:11	110:1 111:9,19	179:2,8 181:5
102:11 103:23	credit 292:10	21:9 22:3,14	112:2,14,21	181:12 182:20
423:24 426:14	criteria 66:15,17	22:20 26:8,20	114:1,8,11	183:18 184:14
counseled 40:9	181:21 191:23	27:8 28:15,20	115:13 116:10	185:6,12,20
countries 68:22	390:21	29:10,20 30:5	116:19 117:5	186:2,17 187:8
counts 271:8	critical 166:10	31:5,17,24	117:13 118:7	187:18 189:6
COUNTY 426:3	206:23 207:8	32:14 33:6,21	118:15 119:15	190:3,11,24
couple 81:15	302:18 303:3	34:24 35:18	120:13 121:6	191:14 192:3
163:7 245:1	criticism 35:16	36:8 37:1	121:15,23	193:4,13
306:23 327:19	36:7 213:13	40:21 41:15	122:12,23	194:18 195:9
course 36:2 47:4	319:6	42:23 43:11,22	123:8,18 124:3	196:9 197:13
189:3 195:1	criticisms	45:3,20 46:10	124:21 125:2	197:24 200:18
227:3 275:14	208:12 213:1	47:7,19 48:1	125:12 126:14	202:22 203:8
297:21 312:24	337:10	49:3 50:14	126:23 127:6	203:16,23
court 1:1 3:20	criticize 43:19	51:5,10,21	127:15,23	204:12,22
10:11 12:1	326:11	52:8,16 53:3	128:8,20 129:6	205:5,12 206:6
24:3 56:12	critique 333:22	54:2,19 55:6	129:17 130:4	206:11 207:3
98:17 124:10	348:13	55:20 56:5,10	130:14 131:3	207:13,22
124:15 198:18	crocidolite 6:18	56:17 57:1,9	132:21 133:6	208:7,23
198:23 212:18	403:19	58:12,19 59:16	133:20 134:7	209:19 210:13
212:19 244:14	cross-compare	60:8,19 61:2,9	134:23 135:9	211:11 212:1
290:10 292:21	408:1	61:23 62:15	135:18 136:4	212:14,17
426:20 427:20	crosstalk 397:18	63:8,19 64:3	136:12,22	214:15 215:1
cover 16:2 69:17	Crowley's 87:21	64:13,17 66:18	137:14,24	215:12 216:5
387:21	87:22 88:6,14	67:21 68:3	138:9,20 139:7	216:24 217:12
coverage 200:2	CRR 3:20	69:11 70:13	139:13,21	218:4 219:10
covered 250:16	culminating	71:1,24 72:7	140:3,11,21	219:24 220:7
272:9	303:19	72:18 74:8	141:17,24	221:16,24
covering 274:21	culture 326:1	75:23 76:12	142:9,18 143:3	222:13 223:1
covers 335:5	378:20 400:13	77:10,17,24	143:9,17,24	223:20 224:3
Cramer 208:12	401:24 423:1	78:22 79:21	144:9,20	224:12,20
208:16,19	cultured 358:23	80:19 81:19	146:13 147:4	225:3,12,18,24
209:4 250:9	cultures 9:3	82:12 84:8	152:22 153:13	226:7,13
Cramer's 209:6	406:14	85:2,16 87:2	154:11,16	227:24 228:19
creams 184:6	curiosity 300:13	88:16 89:2,8	155:12 156:15	229:5,17
create 373:10	current 4:24	90:5,12 91:5	157:17 158:8	230:22 231:15
creating 374:8	53:20 167:1	91:22 92:3,15	159:6,13	232:2,15 233:2
creation 114:3	333:3 336:24	93:1 94:16	160:18 161:10	233:11 236:2
366:4	337:1	95:5 96:3,16	161:18 163:17	236:17 237:4
credibility	currently 13:18	97:7,23 98:15	164:18 165:16	238:3,10 239:7
123:22 124:9	13:20 15:6	98:21 99:11	167:24 168:22	239:16,23
124:13 130:18	338:19	100:3 101:11	169:22 170:12	240:7,16,24
credible 68:1	Curriculum	103:10,14,19	171:19 172:10	242:5 243:10
73:16 79:6,13	4:10 8:3	104:17 105:5,8	172:18 173:15	245:18,23
79:15,20 80:17	Curry 2:21 4:4	105:14 106:11	173:24 174:19	246:8 250:14
81:18 124:19	12:6 14:17	107:22 108:10	175:3 176:2	251:11,17
242:2 289:12	16:5,24 17:15	109:11,17	177:3 178:2	252:16,24

253:19 255:5	324:18 325:4	393:6 394:15	D 4:1 5:1 6:1,16	354:15,19
255:16 256:19	325:12 326:13	394:20 395:2	7:1 8:1 9:1	356:3 366:21
257:11,17,24	327:5 328:20	395:22 396:11	D'Limonine	368:4 369:5
258:19 259:1,6	330:7,11,15	396:21 397:5	266:4	372:20,24
259:21 260:1	331:11 335:2	398:9,20 399:8	daily 272:15,15	373:2,5 374:9
260:11,21	335:22 336:8	399:17 400:4	273:4,4	374:12 375:1
261:10,21	336:19 337:7	400:14 401:2,8	damage 156:8	383:23 384:1,9
262:15,23	338:2,8,13,21	402:24 403:20	164:8,14	385:5,14 391:6
263:23 264:7	339:20 340:20	404:4,12,23	303:19	391:24 395:20
265:2,8,21	341:23 342:18	405:11,21	Dan 250:9	399:11 404:15
266:5,16,24	343:10,24	407:22 408:6	danger 182:6	407:6,13 414:6
267:6,11 269:9	345:17 347:2	408:15 409:2	data 28:22 29:4	414:10
270:7 271:12	348:7 349:19	410:8 411:4,11	29:12 30:7	data's 374:18
272:17 273:5	350:10,21	411:21 412:8	51:14,16 52:21	date 1:19 10:4
273:14,23	351:15 352:1	412:17 413:8	55:9,14,24	24:7 48:24
275:2 276:6	352:20 353:8	413:24 415:10	56:4,15 58:1	144:15 163:13
277:2,15 278:7	353:24 354:10	415:14,24	58:14,23 59:3	427:9 429:15
278:18,24	354:21 355:13	416:10 417:22	59:4,6,22	Daubert 27:11
279:16 280:5,9	356:5,24	418:10 419:1	60:11,17,21	daughter 269:23
280:24 282:5,9	358:19 359:21	420:8,21	65:6,21 66:4	271:2
283:7,20 284:4	360:1 361:1,15	421:14 422:20	86:20 89:17,22	Dawn 2:21
284:21 285:5	362:18 363:5	423:2,6,21	90:20 92:5	50:12 175:24
285:23 286:13	363:23 365:1,6	424:1,4,17	93:6 109:2,20	373:18
286:24 287:15	365:11 366:2,7	curve 7:18	110:17,19,19	Dawn@nutter...
287:23 289:4	366:15,22	cut 204:23	111:11,13,16	2:21
289:14,24	367:14 368:1	368:22	111:16,17	day 65:19 66:3
290:7,20 292:5	368:11,15,24	cutoff 390:19	119:11 136:19	97:22 112:6
292:13 293:4	369:4,20 370:6	cutting 205:7	143:14,21	299:13,14
293:15 294:5	370:11 372:1,9	354:1	144:7,17,19,24	309:5 344:10
294:21 296:7	372:16 373:1,8	CV 20:22,23	145:20 177:20	426:17 429:19
297:4,10 298:3	373:14,19	21:2 73:18	182:15 183:11	days 14:21
298:8,15,20	374:1,16 375:5	80:9 81:12	184:22 185:4	427:16
299:6 300:16	375:9,23 376:8	167:18 311:3	187:11,12	de 337:9
301:12 303:10	377:14,22	311:11 316:3	194:2 195:11	dead 214:13,18
303:24 304:6	378:8,14,21	cycle 228:15	195:15 202:16	214:21 215:8
304:15 305:14	379:3 380:7,12	Cynthia 2:9	202:21 219:2,3	215:22 216:1,1
306:12 307:19	380:22 381:4	cytokine 156:5	223:4 232:18	216:2,9,16
308:6,20	381:15,22	cytokines	235:4,5 256:6	217:4,22,22
309:15 310:13	382:17 383:12	122:11 137:22	273:16 276:2	218:10,14
311:14 313:9	383:17 384:3	155:23 156:6	277:9,19	225:2 228:24
313:24 314:6	384:13,19	cytotoxicity 9:8	278:20,22	dealing 83:2
314:15,22	385:1,7,15,22	9:12 415:8,17	279:8,23 280:1	110:18 145:19
315:7,17	386:6 387:4	417:3 419:23	284:7 287:4,5	dealt 40:8
317:20 318:11	388:3,10,17	421:3	296:23 307:15	death 150:23
319:9 320:22	389:5,14,24	cytotoxicity 418:8	313:19,20	151:10 303:20
322:11,24	390:13 391:1,8		340:6,16	debate 251:1
323:17 324:3	392:4,8,17	D	344:15 346:10	Debra 5:23

decades 7:13 60:12 62:6 147:7 272:16 273:4 283:3 decayed 216:12 December 5:20 25:13,13 49:1 49:5 52:3 184:18 254:17 decent 362:4 decide 92:11 decision 8:9,13 184:18 186:6 332:22 389:12 declaration 320:13 decline 244:5 declined 243:2 deem 51:19 52:7 deemed 427:19 deeper 209:24 defendant 2:18 11:20,21 defendants 23:23 103:9 104:7 Defendants' 4:12 defense 285:21 286:6 defer 424:11,14 define 60:21 67:23 74:11 79:15 89:4,6 89:10 94:18 97:9 124:8,13 124:18 146:21 159:15 177:24 191:2,2 257:19 262:4 314:2 defined 106:15 250:19 251:19 252:7,8,12 303:18 defining 216:11 216:21 358:11 definitely 287:5	292:7 definition 148:14 179:21 264:2 309:6 313:1 338:10 definitive 59:4 86:19 113:6,7 definitively 188:4 degree 13:10 33:1 delayed 11:16 deleterious 128:17 deletion 156:6 delivery 228:6 delve 209:24 demonstrate 380:6 422:24 demonstrated 386:20 demonstrates 206:18 268:15 Denver 2:12 deodorants 184:7 department 38:7 213:9 departmental 317:23 depend 33:23 315:9,20 dependency 386:10 dependently 406:24 407:1 depending 374:18 390:7 408:20 414:8 depends 32:17 144:14 158:10 159:15 237:6 380:24 389:16 deponent 10:8 429:2 deposed 12:20 deposing 427:16	deposit 193:20 deposited 218:14 deposition 1:14 10:6,21,22 11:4,7 20:15 21:4,15,16 24:20 31:23 45:17,19,22 46:24 48:11,18 49:11,16 50:5 52:5 53:12 81:8 113:23 149:14 153:15 162:3 166:20 199:7 205:21 209:13 234:1 246:22 253:21 264:13 268:2 281:18 282:1 287:18 291:4 294:13 301:18 311:7 317:12 317:13 318:6 320:3 323:22 324:21 328:24 329:17 340:19 366:5 385:23 393:21 400:21 406:9 409:13 409:22 410:4 415:1 424:23 425:2 427:3,13 427:17,19 depositions 45:14 46:6 66:13 233:13 describe 15:5 71:14 226:18 226:22 242:3 249:2 305:23 described 53:5 83:11 148:6 151:7,21 187:22 337:3 422:13 describes	106:10 146:7 148:12 149:23 150:17 214:13 238:17 263:19 422:8 describing 148:10 421:8 description 72:15 152:8 298:1 343:21 346:20 deserve 79:11 design 17:20 18:20 79:10 139:17,19 designated 19:9 designed 152:13 designing 267:15 despite 344:15 detail 86:11 94:12 194:11 196:14 343:18 detailed 72:2 344:3 detailing 15:8 details 215:4 detect 139:4 405:7,9,13 detected 128:5 208:13,22 271:7 detection 15:10 200:16 201:2 201:19 206:17 247:5 determination 91:1 181:4 200:23 determine 40:16 71:16 183:16 315:22 334:17 determined 200:14 212:8 249:10 281:7 determining 302:18 303:3,8	develop 92:6 147:11 developed 138:16 140:2 developing 55:11 development 29:2,9 30:4 61:18 66:6 67:18 90:22 122:5 143:22 156:7 166:10 306:10 307:3,5 309:9 340:10 346:11,14 350:1 developmental 168:4 Devices 199:21 Devyn 3:13 10:3 diagnose 13:20 diagnosis 11:16 15:10 diaper 184:6 diaphragm 274:20 diaphragm's 197:3 diaphragms 189:24 190:1 difference 61:13 262:21 263:6 330:2 differences 192:1,6,20 193:1 269:23 416:5 different 9:13 26:17 52:22 58:17 69:16 73:1 75:20 95:10,23 106:3 108:24 109:9 110:9 147:17 178:14,15 184:20 185:4 192:18 202:17
---	---	--	--	--

202:20 207:19	117:4,16,21	discusses 155:20	doctor 13:15	dosed 407:1
208:4 261:2	118:9,14,22	discussing 31:20	320:11	doses 334:20
264:2 293:2,10	119:4,24	98:4 264:5	doctors 290:18	352:15 359:18
298:2 305:12	120:19 121:9	discussion 65:1	292:10	362:11 402:8
308:4 330:4	121:10,17	148:9 346:22	document 1:7	doubt 189:17
364:21 368:19	122:2,3 123:1	349:1 387:18	4:12 21:23	Doug 245:1,3
368:23 374:22	123:11,12,17	discussions	25:6 43:3 50:8	DPM 2:13
381:8 397:24	123:20 124:6	103:15 241:17	53:19 63:12	Dr 10:20 21:20
408:10,13	124:20 126:17	disease 118:13	67:2 70:9,20	23:3 36:3
410:19 412:23	126:18,22	135:8 137:7	101:15,19	37:19,22 38:2
414:9 415:19	127:1,8,17,22	157:12 169:17	234:14 322:16	38:4,9,11,12
416:4 417:4	128:1,7,10,23	169:17 247:13	374:8	38:15,16,18,19
418:14 420:12	129:8,16,19	247:18	documentable	38:21,24 39:5
421:7	130:16 131:2	disingenuous	268:19	39:8,11,15,17
differential 9:7	132:10,23	115:8	documented	39:19 40:19
408:19	133:13,22	dismissed 116:8	346:5	42:16 45:18
differently	134:12 135:1	disparate	documenting	46:2,15,23
197:19 369:18	135:11,17,20	110:21	344:22	47:5,17 48:18
difficult 24:4	136:15,16,24	dispositive	documents	49:10,22 52:5
99:16 130:22	138:3 139:6,9	91:17	72:24 290:12	81:23 82:19
131:22 188:9	140:13,15,23	dissect 65:12	292:17 326:16	87:21,22 88:6
259:10 273:8	141:1,2,16,19	dissemination	doing 15:12 16:3	88:14 94:9
364:2 384:7	142:8,11,20,22	397:15	79:9 80:8	103:6 104:4,5
408:21	143:2,19	dissolve 297:16	144:18 291:4,6	104:6 106:10
difficulties	144:11 146:16	298:14	291:10 308:18	113:15 115:4
306:21	165:2 173:7	dissolved 359:11	325:10 338:19	146:21 149:7,8
difficulty 100:6	200:22 224:14	distant 194:1	350:18 362:3	153:2,7,19,20
214:5	250:23 251:16	397:16	372:17,22	154:8 155:4,5
diffraction	252:4,15 255:3	distinction	380:3 427:8	155:9 156:14
295:16	255:12,13	271:2	dollars 319:19	157:13 158:5
digestion 210:2	335:11 383:5,7	distinguish	domestic 100:12	159:4 160:9,22
dilation 137:22	383:19	377:1	276:5 410:21	161:7,8 162:7
dioxide 402:3	disagreeing	DISTRICT 1:1	413:2 414:13	167:2,21,21,22
Diplomate 1:20	387:22	1:2	dosage 379:1	177:8 204:5
direct 130:13	disagreement	diversity 151:14	dosages 409:23	206:10 208:16
135:13 186:19	145:11 250:11	divide 131:15	dose 386:9 402:9	208:19 209:4
197:1	disciplines	division 122:10	402:9,17 405:4	213:2,3,13,18
direction 228:4	247:16	253:5,12 305:3	dose-dependant	213:23 214:12
308:10	disclosed 103:9	DMSO 359:11	386:20	217:21 219:22
directly 122:7	discuss 48:10	379:7,7	dose-dependent	220:5 221:10
221:9 248:17	95:21 102:17	DNA 122:10	303:20 380:6	221:15,18,22
304:23	155:10 357:12	137:22 164:13	380:20 383:3	223:18 224:9
director 14:22	discussed 75:21	164:13 303:19	383:10	224:17 226:17
disagree 83:22	102:9 103:5	304:23 307:13	dose-deponent	228:18 230:8
113:16 115:11	107:6,12	309:8,12	386:5	239:22 244:11
116:1,9,12,18	232:17 329:8	doc- 11:22	dose-response	244:22,24
116:21,23	406:16 417:7	Docket 1:9	128:13,18	245:5,8,9

254:24 255:4	227:15	391:19,19	310:9,10	137:3
256:14,15	drive 2:8 3:8	editorial 290:3	321:18 341:10	endometrioid
268:7 280:16	46:8	editors 171:16	346:17 355:22	117:18 121:13
281:13,22,23	driver 310:7	175:1,11	356:3 376:6	378:2
282:24 283:5	drivers 307:14	288:20,24	407:19 420:19	endometriosis
285:3 286:11	driving 250:10	289:10 321:18	422:12,17	118:2,12,18
286:18 295:1,3	dry 189:19	328:3 332:5	EL1 375:12	119:1,8,13,18
301:22,23	due 128:13	333:16 391:17	381:7 382:2	133:14 135:7
303:7 304:10	130:12 141:5	391:23 398:3	electron 6:4	135:14 137:6
304:14 310:24	141:10 210:11	413:18	295:17	169:16,16
310:24 311:3	410:21 413:1	effect 9:9 92:2	electronic 46:17	endometrium
316:17,22	duly 10:15	93:19,22	elements 66:14	129:23
318:7 319:15	dust 70:3 96:22	128:17 143:15	130:22	ends 274:18
320:16,20	221:2 256:2	145:16 147:1	elevated 122:11	ending 151:11
321:7,17 322:5	dusting 60:13	182:16 183:12	elicit 132:17	Engineering
322:21 323:22	189:24 190:1	183:17 327:3	elicited 414:7	69:2 241:24
324:13 326:12	198:6 215:15	331:9 378:13	eliciting 303:6	246:13
332:1 333:10	220:23 222:7	379:14 382:13	eliminate	engines 44:3
334:3,5,15	241:7,12	386:20 405:20	271:21	England 255:22
335:21 338:18	Dyer 7:14	421:3,8 422:24	eliminating	enhance 339:8
339:18 340:9		effective 156:2	295:11	enhanced
340:15 342:16	E	effectively	ELISA 334:23	123:23 337:17
346:13 347:15	E 2:1,1 3:1,1 4:1	297:18 299:20	360:18,24	341:13
348:1 349:6	5:1 6:1 7:1 8:1	345:24	367:13 382:11	enhances 166:4
357:9,15	9:1 426:1,1	effector 302:17	382:12	349:16
360:18,22	428:1	303:2	ELLIS 3:8	Enquirer
361:6 362:5,16	e.g 142:24	effects 62:20	elongated 7:22	289:22
365:21,22	earlier 75:21	90:4,11 94:15	108:3 302:7	entail 74:7
366:12 373:6	211:10 241:23	95:3 130:24	303:5 305:11	enter 126:20
374:4,14	291:10 350:9	145:5 182:23	email 328:3	194:16 258:4
382:22 383:5,9	420:5	190:10 300:14	Emerging	269:7
386:15 387:23	early 7:10 15:10	311:13 312:23	151:24	enters 128:15
387:24 388:22	169:13 247:5	325:11,24	EMP 108:9	entertainment
393:5 394:1	easier 149:19	334:17 338:20	emphasize	290:15
398:17 399:6	338:6	340:5 347:9	175:13 284:6	entire 36:10
407:20 409:1	easily 178:10	378:17 379:7	EMPs 7:23	44:10 56:11
409:11,21,24	214:22 365:9	379:11,12	303:5,17,22	70:9 247:3,4
415:6 417:2	EASTERN 1:2	408:19 415:23	304:4,24	296:9 369:13
420:20 421:13	easy 30:20	effort 40:11	enabling 150:23	entirely 15:7
422:18 423:19	Ebarton@sey...	egg 214:9	151:10,24	entirety 380:8
424:5,6	3:5	either 29:12	encompass	entities 323:5,10
draft 4:15 48:15	edge 150:11	30:7 47:11	309:7,19	entitled 296:19
drafts 46:24	306:15	79:5 160:9	encouraged	environment
dramatic 379:7	editor 8:10	170:6,17 194:4	333:9	125:10 181:17
draw 33:14	174:14,16	227:10 231:8	endometrial	environmental
184:22	294:16 333:13	266:2 278:23	132:16	67:15 100:1
drew 185:14	333:14 334:3	295:4 301:15	endometrio-	137:11 164:6

enzymes 192:22 334:22 344:13	358:2,3,7 415:20,23 417:5 419:24 421:5,21 422:1 422:13	86:19 eternal 112:8 ethical 18:10,14 etiology 191:17 307:8 313:7 396:19	exactly 94:13 269:14 274:22 397:22 examination 4:2 10:18 190:17 199:17,22 424:3	161:22 162:3,6 166:20,23 205:21 209:11 209:13 234:1 246:22 247:1 253:21 254:1 264:13,16 268:2,5 281:18 281:21,23 282:1 287:18 288:4 294:11 294:13 301:18 301:21 311:5,7 320:3,11 327:10 328:24 329:3,17,21 330:8 366:5,8 366:10 367:8 368:16 369:6 373:11 379:16 379:17 380:2 393:21 394:21 394:23 400:20 400:21 406:7,9 409:13,16 415:1,4
EOC 118:12 121:20 169:11 169:14,21 175:20 334:20	epithelium 122:8 Epstein 4:17 equal 113:3 271:20 equals 113:2 equations 7:17 Eric 3:5 errata 427:6,9 427:12,15 429:11 Erratum 7:16 especially 132:12 296:3 ESQ 2:13 Esquire 2:6,9,16 2:21,23 3:5,9 essential 395:10 396:3,4 essentially 41:9 52:21 64:22 72:14 107:11 165:21 191:16 193:19 202:14 221:2 292:18 293:19 297:16 298:13,24 317:1 395:18 398:17 400:3 establish 409:23 established 178:23 230:8 302:9 313:21 420:5 estimate 24:14 24:15 estimated 138:7 138:15 176:5 estimating 82:3 et 5:14,17,24 6:6 6:22 8:7,21 9:10,14 86:18	eugenol 266:3 evading 150:22 151:9 evaluate 57:11 evaluated 239:1 239:3 evaluation 4:20 63:13 96:24 eventually 12:1 356:19 Everett 2:6 161:23 199:3 356:13 394:22 everybody 204:3 361:21 evidence 4:23 53:19 60:13,14 63:11 65:6 112:18 115:9 123:24 124:18 127:13 133:1 135:4 158:7 159:5,11,16,19 159:20 160:13 180:1,7 186:19 186:22 195:15 202:10 215:6 249:11 266:19 274:14 289:12 293:20 344:16 385:5 396:16 417:14 418:1 evolution 307:7 evolutionary 307:15 evolved 214:7 309:6,19 322:17 Evolving 6:11 247:2 exact 342:15	examined 10:16 277:20 295:12 example 19:10 34:2 78:19 87:1 100:13 107:5 136:19 140:9 147:10 184:5 217:9 274:16 examples 100:9 301:17 exceedingly 192:15 excessive 180:14 392:10 exchange 317:22 excite 290:14 exclude 139:5 excluded 262:7 262:13 excluding 95:16 Excuse 244:15 executive 184:1 199:24 exercise 374:7 380:9 exerted 9:10 exhibit 20:13,15 21:1,4,16 23:16 47:21 48:11 49:16,20 50:4,5 52:5 53:11,12 64:4 64:11 67:2 71:10 81:8,22 113:21,22,23 114:3 148:13 149:14,22 153:15,18	209:13 234:1 246:22 247:1 253:21 254:1 264:13,16 268:2,5 281:18 281:21,23 282:1 287:18 288:4 294:11 294:13 301:18 301:21 311:5,7 320:3,11 327:10 328:24 329:3,17,21 330:8 366:5,8 366:10 367:8 368:16 369:6 373:11 379:16 379:17 380:2 393:21 394:21 394:23 400:20 400:21 406:7,9 409:13,16 415:1,4 exhibits 4:7 64:9 existed 259:5 exists 312:21 Exogenous 397:1 expand 211:9 expanded 138:16 expect 19:18 261:5 371:19 393:19 expectancy 299:5 expected 193:12 expedites 151:15 expels 228:6 experience 26:13,14 30:20 31:9 33:18 34:16,23 35:9

65:8 91:18	104:2,7,10	277:7 278:3	extensive 53:2,6	28:5 41:5
96:24 123:4	155:10 178:13	308:3,5,17	71:22 72:6,16	55:10 59:9
239:11,19	178:21 194:6	explicitly 351:12	178:24 181:4	90:21 121:12
274:5 300:2	201:12 205:14	explore 196:13	284:24	129:2 136:18
experiment	205:18 214:1	explored 86:9	extensively	155:2 169:21
55:22 62:24	238:20 261:24	exploring 15:8	27:12 55:8	171:11 173:4
63:2 91:8	274:5 278:10	exposed 17:21	extent 83:9,12	175:19 230:10
130:20 131:21	282:19 286:2	100:7 132:19	external 125:7	230:14,21
411:2,14,18	297:12 304:17	256:22 271:23	125:10,22	231:1,14,23
412:12	317:3 320:17	275:17 276:1	126:7 187:21	234:10,11
experimental	355:23 424:6	279:4 344:14	188:18 362:2	274:6 312:9
156:7 180:8	expertise 26:7	406:14	364:3	404:16
307:15 330:20	31:2,8,12,15	exposing 59:3	extra 48:4	factor's 297:13
331:6 332:17	37:7,20,23	exposure 6:22	114:22,24	factories 275:20
333:7	38:5,13,15	40:17 100:13	282:6 294:22	factors 118:4,11
experiments	39:1,3,6,9,12	100:18 101:3,9	extract 44:23	119:6,10,12
39:22 40:1	39:14 54:23	116:15 118:12	65:11	130:21 133:16
55:15 57:21	57:17 69:10	130:23 134:22	extrapolate	134:5 135:4,6
59:2 62:20	76:4 77:5 80:4	135:15 136:20	300:6	136:2 141:14
79:8,9 83:4	84:18 86:6	137:11 142:17	extrapolating	147:21 169:10
84:19 85:5	89:15 246:5	142:23 177:20	166:8	169:11 247:24
91:14,16 93:6	251:5 263:2	183:10 184:4	extreme 279:9	248:8 249:17
93:12,15,18	308:10 335:19	195:1,7 232:24	extremely	249:22 397:1
144:7 145:16	experts 16:23	249:3,8,12,15	384:22	faded 74:17
195:17 202:12	35:17 36:6,17	249:20 268:5	eyeballing	fail 427:18
315:13 338:18	43:19 78:18	268:19 269:1,2	382:14 383:15	failure 105:18
344:22 345:5	167:22 168:20	270:24 271:6	eyes 392:2,21,24	128:18 299:9
348:11 351:4	206:24 207:9	271:24 272:3,5	393:2	fair 14:23 19:19
356:23 398:18	207:11,15,19	272:7,13 273:2		32:8 40:13
409:23 411:9	208:4 213:1	276:5,13,16,17	F	68:5 72:17
411:19 413:22	220:20 221:13	279:7 347:8	F 426:1	73:14 75:17
420:2	251:23 252:21	413:2 414:11	face 310:6	82:16 86:16
expert 4:8 17:13	258:14 285:21	414:13	facilitates	99:13 141:5,11
19:23 20:14	286:6 332:4	exposures 100:2	227:20	216:7 242:13
25:10 26:15	394:13 424:15	135:7 275:8,11	facilities 361:24	271:19 296:9
27:1,10 30:13	experts' 37:17	276:8 278:11	facility 361:14	308:22 310:12
30:17 32:16	expires 426:21	410:22	361:19,20	310:15 312:1
35:20,23 36:17	429:20	expressed 218:6	fact 92:6 167:12	313:5 324:11
36:24 40:7	explain 91:20	373:23	182:5 185:14	386:11
41:3 42:2	118:23 205:11	expression 8:23	207:6 214:6	fairly 48:23 78:7
43:10,16 45:13	374:5	334:17 367:17	220:23 243:18	272:3 286:4
45:22 47:4,13	explained 142:6	370:23 398:15	269:1 273:10	296:22 311:22
54:16 57:8	145:12 201:22	399:21 401:13	309:7,19 310:6	379:7
65:7,24 66:11	explains 134:3	402:7	318:21 334:5	fallopian 129:23
71:4 84:21	243:4	extended 276:20	347:6 351:11	132:16 358:6
86:9 88:9	explanation	extending 125:7	369:22 387:2	377:10
93:14 103:9	113:19 132:13	extends 170:14	factor 26:14	familiar 12:11

49:15 85:23	fertilize 214:9	figures 421:2	152:2 169:9	flow 222:23
96:20 108:4	fewer 207:10	file 22:12 46:7,7	199:20 200:3	223:9
148:1,24 150:3	fiber 6:22 55:5,5	46:15,17	220:12 226:24	flow-volume
153:2,21	55:19 56:24	files 46:12	244:4 247:11	7:17
162:12,14,21	197:1 268:6	fill 176:21	250:10 256:23	flowing 317:7,10
189:21 234:4	296:4	filling 379:21	264:16,18	319:19
242:14 249:6,7	fibers 69:9,18	fimbria 129:5	293:24 302:21	fluid 237:20
267:18 302:11	70:3,22 71:5	final 8:9 200:2	303:17 306:10	274:17
364:11 390:3	85:15 108:3	365:7 401:21	308:5 309:4,18	FLW 1:7
390:12 400:18	128:5 146:7	finally 347:6	316:7 327:14	focus 15:5 27:12
406:4 419:6	178:8 194:16	find 44:15 47:23	332:15 340:2	163:12 311:12
family 169:14	194:24 195:6	111:6 148:19	342:4 344:11	focused 54:13
far 23:13 86:21	196:3 262:6,12	186:5 326:21	345:11 371:8	66:12,20 71:4
fashion 303:20	262:17,20,22	331:1 373:15	390:2 395:6,9	86:10 187:12
faster 229:2	263:18 264:21	FINDEIS 2:16	412:2,6 417:12	folder 356:14
father 269:2	264:22 269:4,7	finding 210:11	417:24	follow 17:22
fault 198:17	269:18 276:23	227:5 267:19	firsthand	177:23 291:14
FDA 4:17 49:14	277:7 278:16	421:19	162:23,24	384:22 385:11
49:20 72:4,5	279:13 286:11	findings 133:14	393:13	follow-up
72:14 73:1,15	286:22 305:11	133:15 234:18	FISH 2:19	423:22
190:16 198:11	fibrosis 190:21	337:18 339:8	fit 191:23	followed 299:10
199:10 200:9	191:3,17	339:24 341:14	five 24:19	346:22
290:11 292:21	fibrous 107:21	341:15 352:10	105:13,20	following
features 346:20	261:20 262:3,6	352:19 353:14	212:11 389:22	122:18,20
Federal 1:16	262:12,21	365:24 407:21	390:10 391:21	126:12 200:1
5:19	286:12,15	408:5 409:1	392:13 421:1	345:6 347:7
fee 22:22 25:4	295:22	422:18	flagella 216:15	357:15 358:18
361:22	field 16:23 17:13	fine 37:20 62:9	216:16	360:6 369:2
feeds 156:10	33:9 37:7	63:7 113:18	flagellum 217:9	380:13
feel 30:22 66:14	77:22 80:24	118:23 131:16	flags 174:16	follows 10:17
145:11 146:20	106:14 167:22	177:12 212:20	flames.' 156:11	footnotes 42:12
158:1,22	308:9 332:5	250:19 251:21	flat 146:6	42:20
284:19 286:18	335:19 350:5	372:11 373:20	flawed 172:23	forced 219:9
feels 257:4	394:13	373:21 374:2	173:14,18,23	forcefully 219:1
fees 23:10	fields 80:12	finish 176:10	202:6,13	222:10
fellow 258:13	Fifth 1:17	204:23 306:19	353:17,23	foregoing 426:6
felt 42:21 89:22	Fifty 393:2	340:2 365:9	354:9 356:22	426:10 429:6
160:14 171:16	fight 152:13	finished 295:15	flaws 37:16	foreign 132:17
173:23 252:8	figure 84:20	306:19 354:2,4	221:8 330:20	136:11
289:19 394:13	111:6 151:23	423:12	331:7 332:18	Forest 2:12
female 31:3	152:10,11	fire' 156:9	333:7 350:14	forget 198:24
122:6 123:6	255:7 366:19	firm 2:3 192:22	350:20 351:4,9	form 12:7 14:18
136:8 221:14	369:17,21,23	first 10:14 25:8	352:5	16:6 17:1,16
221:19,22	370:10,12	47:5,12,14	Fletcher 8:7	18:1,23 19:12
female's 228:14	371:2,3 383:1	48:17,19 74:14	334:16	26:9,21 27:9
feminine 146:12	387:19 403:14	74:16 84:17	flies 25:15	28:16,21 29:11
fertility 227:13	403:16	120:15 133:12	FLOM 2:22	29:21 30:6

31:6,18 32:1	121:16,24	194:19 195:10	267:12 269:10	357:1 358:20
32:15 33:7,22	122:13,24	196:10 197:14	270:8 271:13	360:2 361:2,16
35:1,19 36:9	123:9,19 124:4	198:1 200:19	272:18 273:6	362:19 363:6
37:2 40:22	124:22 125:3	202:23 203:9	273:15,24	363:24 366:23
41:16 42:24	125:13 126:15	203:17,24	275:3 276:7	367:15 368:2
43:12,23 45:4	126:24 127:7	204:13 206:7	277:3,16 278:8	372:2,10
46:11 47:8	127:16,24	206:12 207:4	278:19 279:1	374:17 375:6
49:4 51:6,11	128:9,21 129:7	207:14,23	279:17 280:6	375:10,24
51:22 52:9,17	129:18 130:5	208:8,24	280:10 281:1	376:9 377:15
53:4 54:3,20	130:15 131:4	209:20 210:14	283:8,21 284:5	377:23 378:9
55:5,7,19,19	132:22 133:7	211:12 212:2	284:22 285:6	378:15,22
55:21 56:3,6	133:21 134:8	214:16 215:2	285:24 286:14	379:4 380:23
56:18,24,24	134:24 135:10	215:13 216:6	287:1,16,24	381:5,16,23
57:2,10 58:13	135:19 136:5	217:13 218:5	289:5,15 290:1	382:18 383:13
58:20 59:17	136:13,23	219:11 220:1,8	290:8,21 291:7	383:18 384:4
60:3,9,20 61:3	137:15 138:1	221:17 222:1	291:13 292:6	384:14,20
61:10,24 62:16	138:10,21	222:14 223:2	292:14 293:5	385:2,8,16
63:9,20 66:19	139:8,14,22	223:21 224:4	293:16 294:6	386:7 387:5
67:22 68:4	140:4,12,22	224:13,21	296:8 297:5,11	388:4,11,18
69:12 70:14	141:18 142:1	225:4,13,19	298:4,9,16,21	389:6,15 390:1
71:2 72:1,8,19	142:10,19	226:1,8,14	299:7 300:17	390:14 391:2,9
74:9 75:24	143:4,10,18	228:1,20 229:6	301:13 303:11	392:5,9 393:7
76:13 77:11,18	144:1,10,21	229:18 230:23	304:1,7,16	394:16 395:23
78:1,23 79:22	146:6,8,14	231:16 232:3	305:15 307:20	396:12,22
80:20 81:20	147:5 152:23	232:16 233:3	308:7,21	397:6 398:10
82:13 84:9	153:14 154:12	233:12 236:3	309:16 310:14	398:21 399:9
85:3,8,10,17	154:17 155:13	236:18 237:5	311:15 313:10	399:18 400:5
87:3 88:17	156:16 157:18	238:4,11 239:8	314:1,7,16,23	400:15 401:3,7
89:3,9 90:6,13	158:9 159:7,14	239:17,24	315:8,18	401:21 403:1
91:6,23 92:4	160:19 161:11	240:8,17 241:1	317:21 318:12	403:21 404:5
92:16 93:2	161:19 163:18	242:6,16	319:10 320:23	404:13,24
94:17 95:6	164:19 165:17	243:11 245:19	322:12 323:1	405:12,22
96:4,17 97:8	168:1,23	245:24 246:9	323:18 324:4	407:23 408:7
97:24 99:12	169:23 170:13	250:15 251:12	324:19 325:5	408:16 409:3
100:4 101:12	171:20 172:11	251:18 252:17	325:13 326:14	410:9 411:5,12
103:11 104:18	172:19 173:16	253:1 255:6,17	327:6 331:12	411:22 412:9
105:6 106:12	174:1,20 175:4	256:20 257:12	335:3,23 336:9	412:18 413:9
107:23 108:11	178:3 179:3,9	257:18,22	336:20 337:8	414:1 416:1,11
109:12,18	181:6,13	258:1,20 259:2	338:3,9,14,22	417:23 418:11
110:2 111:10	182:21 183:19	259:7,22	340:21 341:24	419:2 420:9,22
111:20 112:15	184:15 185:7	260:12,22	342:19 343:11	421:15 422:21
112:22 114:9	185:13,21	261:11,22	344:1 347:3	423:7 429:10
115:14 116:11	186:3,18 187:9	262:16,24	350:11,22	formal 106:18
116:20 117:6	187:19 189:7	263:14,17,24	351:16 352:2	294:20 401:7
117:14 118:8	190:4,12 191:1	264:8 265:3,9	352:21 353:9	formation
118:16 119:16	191:15 192:4	265:22 266:6	354:11,22	397:24
120:14 121:7	193:5,14	266:17 267:1,7	355:14 356:6	former 38:7

160:17 390:3 forms 57:17 70:21 146:9 192:23 295:23 forth 337:12 forward 306:23 fosters 151:16 found 31:2,7 120:11 137:2,2 137:6 155:23 180:13 182:15 182:22 204:2 264:21 282:24 286:18 296:5 408:20 four 167:13 254:20 256:16 372:19 388:23 389:11,21,22 390:9 391:21 392:13,13 fragrance 55:14 84:14 88:2,10 88:10 89:21 91:15 108:19 fragrances 87:17 Fran 5:10 153:5 153:5 157:21 157:22 Fran's 153:22 frank 174:4 Frankly 148:7 free 5:12 68:8 68:10 162:13 286:19 frequently 17:3 93:20 268:18 271:8 274:18 338:1 Friday 1:11 front 59:21 64:7 64:14 174:16 345:14 FT33 358:7 377:10 fuel 156:10	full 158:23 309:4 fully 14:21 235:17 fun 176:17 functional 156:4 functions 151:17 164:9 fund 362:3 funded 14:21 323:5,9 funding 317:16 323:15 funds 317:17 323:24 further 183:10 302:3 341:20 350:16 423:19 424:18 426:13 future 332:24 333:24 FWD 8:13 <hr/> G <hr/> gain 13:2 128:4 Garber 2:9 114:6,12,14 176:13 291:5 291:12 367:4 392:23 gas 275:12,22 gee 174:8 gene 8:23 311:23 371:18 401:12 402:7 405:8,9,17 general 4:23 16:8 26:23 27:4,11,16,18 32:18 33:4 53:19 71:19 76:14,18 79:1 95:12 97:2 108:24 113:4 118:3 119:4 149:24 150:13 150:14 151:20	152:20 163:21 164:17 165:1 191:21 193:2 298:7 306:9 307:2 323:11 346:9,20 397:24 generality 397:11 generalization 314:17 generally 16:23 53:23 67:19 150:18 154:21 154:21 156:13 221:12 237:19 361:20 364:1 389:2,10 394:17 399:2 generate 43:24 44:10 138:17 generated 366:21 374:12 generates 151:14 generation 5:7 134:20 150:10 190:21 295:21 305:2 406:24 408:9,12,13 417:17 generous 335:13 genes 156:5 360:13 371:22 402:10,15 403:23 404:2,3 404:6 genetic 147:21 147:24 151:14 156:8 genicity 166:5 genital 17:22 28:4,8,12,24 29:7,17 30:2 99:4 116:14 118:4 121:5,11 121:20 122:6	124:2 126:21 128:4,16 130:9 195:8 206:19 214:14 215:9 217:24 224:10 224:19 226:20 227:23 229:1 230:9,20,24 231:22 232:12 235:11 237:17 238:2,18 240:15 241:20 274:24 276:24 277:6,21 280:2 417:15 genitalia 125:11 125:16 126:3,7 genitals 125:8 276:18 284:2 genome 151:13 164:14 genomics 15:8 26:6 32:12 35:9 361:10 genotoxicity 303:18 genotyping 361:7 gentle 184:6 Geographical 9:13 415:19 417:5 geologic 414:9 geologist 54:24 Georgia 3:4 germ 95:14,15 Gertig 139:1 gestalt 65:18 getting 72:11 147:15,23 219:16 275:1 349:1 Ghassan 8:3,10 Ghio 295:1,3 GI 171:5 give 13:3 30:11 50:13 73:3	81:11 100:8 113:15 128:22 167:5 191:21 195:2,2 228:5 244:1 246:20 274:16 283:19 288:3 292:9 294:11 329:12 329:21 356:11 given 13:10 98:11 102:6 115:5 140:16 184:3 223:14 355:17 383:22 426:12 429:8 gives 33:13 343:17 glad 83:15 glass 402:5 glasses 20:2 gleaned 36:23 global 149:2 globally 305:22 Glove 199:23 gloves 190:17 199:15,15,16 199:17,21,22 200:5,11 go 24:15 36:16 36:16,22 37:13 41:11 44:12,14 46:4 48:2,9 54:15 55:13 80:21 88:22 89:14 93:16 94:18 111:21 111:24 113:21 116:22 149:12 165:5 172:23 174:5 177:9 178:22 198:10 198:11 199:10 203:5 206:16 207:6 212:24 221:6 229:11 232:4,7,11 233:15 239:9
---	---	--	--	---

246:19 249:24	48:10 64:8	great 18:16	327:21 329:5	happened 45:2
264:11 282:23	73:3,4 80:13	86:11 105:17	329:10 331:23	happening
294:11 298:12	81:11 101:17	196:14	332:8,13 333:4	292:16
302:3,11	113:4 141:8	greatly 337:17	347:12 391:17	happens 274:22
306:18 311:5	152:7 153:18	341:13	394:2 400:9	299:22
316:2,9 321:19	161:22 171:1	Green 254:9,10	gynecological	happy 30:14
329:3 331:21	174:5 232:7	ground 19:15	38:6 169:15	50:13,23 221:7
334:9,9 343:15	253:18,24	group 18:21	213:22	232:11 241:2,2
349:9,20 357:9	259:16 261:2	34:4 68:6	gynecologist	324:15
364:24 367:20	281:21 284:6	75:16 117:3	30:23 35:13	hard 80:6 98:5,5
370:14 372:13	288:3,3,7	362:2 417:9,10	gynecologists	98:10,14 99:5
375:4,18	295:6 306:7	groups 271:20	229:16	158:2 192:15
379:24 384:15	327:16 329:3	growing 135:3	gynecology	193:15 326:23
387:19 388:5,8	329:20 337:19	grown 358:17	225:10,10	369:1 379:5
391:10 393:20	374:24 376:1	growth 150:22		384:22 385:11
413:3 414:9	377:1 381:19	151:9 155:24	H	harm 181:17
416:14,17	406:7	263:19	habit 140:1	hat 219:7
419:16	good 20:19,24	GSR 360:11,19	263:20 264:1,2	Hawaii 102:15
goes 11:10 23:16	20:24 21:8	guess 12:22	habitual 97:6,11	355:5
91:10 151:22	77:14 81:3	18:24 66:2	half 47:15	Hawaii's 102:16
326:4 337:12	82:8 99:1	75:8 79:16	105:10	hazard 115:5,20
going 21:15	105:10 106:2	100:14 148:7,8	half-a-day 14:19	head 46:22
37:12 54:15	145:12 154:18	216:20 225:20	hallmark	98:17 114:20
72:4 73:6 94:8	177:6 186:1	320:24 378:17	151:16 152:15	217:18 253:5
94:11 95:1	221:18 253:11	386:8	hallmarks 5:7	heading 151:24
105:9 114:7	253:12 269:13	guessing 77:1	149:1,23	247:22 316:14
115:19 162:6	284:19 306:20	336:16 337:19	150:10,17	316:19 318:7
176:8,14	306:20 308:17	guidance 43:2	151:7,13,24	319:13,15
177:12 194:21	330:14	74:19	152:4	320:20 322:22
199:10 227:18	GOS 34:11	guideline 79:1	Halperin 2:23	324:11
228:7,12 247:4	Gotta 349:20	guidelines 76:18	Hamilton 94:7	heal 152:13
261:24 268:11	gotten 147:19	79:11	Hanahan	healing 191:21
272:9 277:21	306:3	Gupta 5:14	148:24 149:7,8	health 4:15,24
291:19 301:21	Gourley 5:17	guys 176:14	149:10	48:14,21 49:10
302:15 304:10	167:21	GWAS 75:14,15	hand 21:15	51:1,8 53:20
306:23 308:24	governmental	76:14 78:3,4	150:11 178:10	53:24 54:8
316:5,7,11	48:7 189:3	78:12	handing 267:24	63:13 68:15,18
356:11 358:16	GPX 360:19	GY 75:9	handle 386:8	71:21 90:4,11
364:16 368:6	GPX1 360:11	GYN 311:24	hands 96:14	92:2 121:3
370:16 371:7	grab 64:8	321:9 328:17	handwritten	129:4 180:23
377:4 383:8	grades 85:24	GYN-188-1020	8:16	181:3,11,23
386:2 388:12	granulomas	8:9	hang 94:6	182:6,7,7,15
395:24 398:13	191:5 200:7	gynecologic	317:12 403:6	184:8,12,18
417:12	251:2 252:9	8:10,19 30:24	hangs 300:8	186:10,12,22
gold 144:4	graphs 369:6	35:14 38:22	happen 129:15	187:16,16
Golkow 10:3	372:24	133:4 170:21	271:9 277:10	188:17 189:5
gonna 32:7	grappling 160:3	229:20 312:10	378:19	189:10,16

200:13,23 201:16 202:17 202:18 264:5 410:20 413:1 healthcare 200:6 hear 213:21 heard 162:24 288:9 hearing 13:3 27:11 426:12 hearsay 292:20 heart 299:9 heavy 55:13 70:17 89:21 108:15 129:11 265:19 held 1:15 10:6 Heller 5:23 6:22 203:3,6,15,21 205:20 206:20 267:18,21 279:11 help 79:10 325:10 332:23 helpful 167:8,10 303:8 329:13 383:23 hesitate 250:5 hey 42:5 197:5 high 82:6 194:3 195:19 272:3 402:8,9,17 405:4 high-quality 418:24 higher 268:18 271:8 279:14 highest 228:15 highlight 342:4 346:7 395:9 highlighted 167:5,9 329:12 highlights 46:20 395:6,13,15 highly 120:9 Hill 63:23 66:9	66:13 145:22 histologic 95:10 116:16 117:12 117:17 121:13 378:7 historic 147:17 historical 7:3,8 7:9 283:1 286:21 historically 147:6 303:15 history 166:12 169:14 268:20 271:6 hold 201:7 home 50:22 100:17 homogeneous 192:17 honest 37:12 170:15 300:18 honestly 19:19 188:24 274:12 373:9 Honolulu 355:2 355:3 honored 306:1 hope 77:19 112:8 332:23 356:2 HOS 375:20 hospital 11:23 host 156:2 Houghton 139:1 hour 105:9 365:5,10 hours 23:20 24:14,16,23 334:21 402:8,9 402:17,19 403:11,12 404:18,21 house 100:15 household 100:12 271:16 271:24 272:2 276:5 278:4	279:7 housekeeping 371:18 How's 299:13 huge 145:5,16 184:19 318:22 416:5 Huh 104:4,5,6 259:8 human 8:23 9:3 9:14 15:21,24 132:6 142:14 182:7,7 183:6 184:8 187:16 188:17 202:11 202:11 235:5 267:19 305:8 358:1,3,4,6 376:3 401:13 403:12 415:19 415:23 417:5 419:24 421:5 421:21 422:1 422:13 human' 130:21 humans 4:21 117:3 180:2 234:24 235:13 307:8 414:12 humans' 406:13 hunch 291:1,1 hundred 147:16 husband 269:1 270:1 hygiene 146:11 146:12 hypothermic 255:21 hypotheses 196:12 hypothesis 122:14 127:14 133:16 196:22 279:22 hypothesized 122:5 220:12 hypothesizing	219:18 227:17 hypothetical 92:24 93:4,5,8 222:16 281:4 284:12,16 291:20 hypoxia 397:2 hysterectomies 137:10 hysterosalpin... 227:8 <hr/> I <hr/> i.e 295:16,20 IARC 4:20 19:10 50:1 67:1,12 69:16 70:6 71:4,8,15 73:10 148:12 148:13 177:16 178:23,23 179:6 180:3,21 180:22 184:23 187:4 234:22 235:6,10 242:8 262:7,13 264:12 ID 8:14 idea 19:13 43:1 44:17 75:10 161:7 227:11 227:12,14 338:17 344:9 355:24 identical 370:4 identification 20:16 21:5,17 48:12 49:17 50:6 53:13 81:9 113:24 149:15 153:16 162:4 166:21 199:8 205:22 209:14 210:5 234:2 246:23 253:22 264:14 268:3 281:19	282:2 287:19 294:14 301:19 311:8 320:4 329:1,18 366:6 393:22 400:22 406:10 409:14 415:2 identified 141:23 184:9 identify 31:19 67:17 80:10,17 81:17 128:18 identifying 44:16 Ignace 167:15 ignorance 299:24 iii 182:10 Illinois 3:9 IM 254:4 377:3 image 237:21 imagine 383:21 Imerys' 7:9 Immortal 358:5 immortality 151:11 immortalized 15:18 303:16 305:7 358:6 376:10,14,16 377:3,11,18 421:7 immune 152:12 immunosuppr... 156:1 impact 129:4 139:12 155:2 180:15 283:3 330:2 imperative 427:14 implemented 364:6 implicates 133:1 implication 251:22 349:3 implications
---	---	---	--	--

155:21	inclined 143:8	28:1 117:10	274:10	191:9,12
implicit 347:17	include 72:15	120:11 122:9	induction 9:12	247:23 248:4,8
implied 117:19	94:8 95:14	136:1,20	135:13 295:20	250:2,18,22
implies 237:11	101:23 130:22	234:19 248:6	415:18 417:3	251:9 252:9
333:23 350:6	135:6 147:1	248:12 249:4	Industrial 6:21	287:6 334:18
364:3 383:20	150:21 151:8	255:2 275:5	inert 123:24	influence 68:10
imply 110:8	157:24 158:5	278:5 406:22	257:16,19,23	68:13,19
146:8	169:11 242:11	406:23	258:2,18,24	influenced
implying 165:23	249:14,19	increases 116:16	259:14 260:8	210:3
305:24 313:3	256:16	134:21 403:18	infection 137:8	inform 332:6
339:11	included 15:4	404:18	397:2	information
importance	43:10,16 71:8	increasing	infections	17:14 44:1
146:2 314:4	106:6 173:11	121:21 134:21	152:13	51:16 65:11
315:2	173:22 385:5	152:3 164:13	infiltration	172:4 229:24
important 16:21	391:23	283:12	137:21	236:23 242:2
52:7,12,15	includes 70:21	independent	inflammation	290:19 337:2
56:22 57:5,6	264:21 276:5	68:24	5:9,13 122:8	374:8 385:4
76:22 88:24	297:20	indexes 7:18	130:12 133:2	398:7 418:13
89:23 90:1,9	including 11:1	Indian 419:20	133:18,18	ingredient
97:9 99:14	14:3 146:11	indicate 142:15	134:2 135:5,13	410:18 412:23
134:17 138:15	161:7 169:15	183:8 322:14	135:22 136:1	inhalation
143:1 145:1,17	200:6 214:2	341:4,5	136:17 137:11	195:20 270:6
145:21 165:24	252:5 360:15	indicated 237:3	141:15 151:16	278:10
181:20 237:23	inclusion 110:9	indicative	152:9,12	inhaled 193:24
289:1 303:5	255:14	143:15 182:16	155:10,20	196:16 235:6
307:23 309:24	inclusive 118:17	183:11,16	156:10,24	274:8
310:1 336:4	170:1	indirect 227:3	157:4 163:3,15	inherent 128:12
337:3 346:9	incompetent	indisputable	191:8,19,20,23	140:16
397:14	109:10 110:4	127:5	200:7 247:22	inheritable
importantly	110:11 185:19	individual 99:17	248:3,5,12	309:11
89:16 349:23	inconclusive	100:7 101:10	249:16,21	inhibition 156:6
impossible	143:23	221:7	250:24 251:19	349:17
292:18	inconsistent	individually	305:2 397:2	Inhibitors
impression	287:6	65:23	417:18	255:20
41:14 52:11	incorporates	individuals	inflammatory	inhibitory 9:9
275:12 296:10	22:17	75:11 78:6	94:15 95:2	inhibits 156:7
impurities 85:12	incorrect 214:24	81:1,3 83:5	118:11,13	initial 24:18
89:7,10,20	215:11,20	186:6	119:2,3 122:11	276:12 340:16
187:6	217:22 218:2,3	individuals'	132:18 134:16	initially 301:9
inaccurate	increase 118:5	35:24	135:8,23 136:2	403:10,10
352:10 371:24	133:17 214:9	induce 134:15	137:7,20,22	initiation 147:9
inadvertent	234:20 235:23	164:9 397:16	152:17 155:22	148:11 164:11
152:14	236:1,7,10,14	417:17 419:22	156:5,6 157:10	313:16 314:13
inappropriate	299:1 332:10	induced 406:22	157:11,15	342:5 346:5
287:8 352:16	339:2,14	induces 146:24	161:9 163:8	initiators 137:12
incidence 275:5	340:14 352:22	349:17	169:17 190:9	injections 194:5
279:14	increased 8:6	inducing 164:13	190:22 191:3,6	innate 152:12

INOS 398:23	interested 78:11	412:7	59:21,23 60:10	189:4,4 283:2
inquiry 336:5	289:20 290:6	invasin 151:12	84:10,22 85:21	283:2,12
inside 195:22	292:3 426:15	invasion 163:11	99:10,18,22	285:14,14,18
326:3	interesting	inversely 145:23	131:11 143:7	285:18 287:13
instability	16:20 18:7	invested 68:7	186:21 237:21	324:16,16
151:14 164:14	184:16 223:9	investigated	250:24 251:3	325:3,3,9,9,23
instance 98:22	255:18	313:12	254:8 280:15	325:23 326:8,8
194:7 367:9	interests 320:14	investigation	296:13 301:1	327:1,1 328:8
instigation	interleukin	250:8 314:9	307:21 313:23	328:8 355:22
305:3	404:9,14	315:22 342:7	317:7 318:23	355:22
Institute 242:16	intermediate	342:10 389:21	319:18,20,22	Johnson's 7:3,8
246:13	141:14	investigations	322:7 343:8	56:23 83:17
institution 76:19	internal 125:1	396:15	346:24 424:11	84:6,6 86:3
76:21 362:3	125:11,16	investigators	issues 6:15	120:22 259:19
institutional	126:2 212:6,9	308:9 341:3	40:19 96:15	282:14 283:5
362:1	290:12 292:17	413:21	139:19 237:22	283:12 286:20
institutions 76:7	326:16	invite 333:24	250:18 275:20	287:13
76:7,9 77:2	international	invited 16:15,19	295:23 393:15	journal 6:21
INSTRUCTI...	67:13 249:9	155:8 394:8	424:15	16:15 17:12
427:1	interpret 30:21	invoice 22:21	iteration 44:15	150:3,5,8
insufficient	379:5 384:8	23:16	ix 247:6	154:9 162:12
346:10	interpretation	invoiced 23:21		171:16 254:9
insulation	305:19 408:21	24:13,13	J	254:10,12,13
195:20	interpreted	invoices 23:12	J 2:16 58:8,8	255:22 257:10
insulted 73:6	111:16,18	25:1	325:16	288:8,9,13,24
integrating	237:12 339:13	involve 14:2	J-funded 325:16	292:10 321:18
35:22	interrupt 19:16	involved 24:19	J.D 2:5	327:13 328:4
intend 30:11	24:2	26:12 81:4	JAMES 3:9	329:4,7,8,9
32:10 189:15	intraperineal	110:20 135:5	James.mizgal...	332:11 333:1
intended 16:23	255:21	152:4 174:3	3:10	333:11 334:1,6
intending 90:3	intraperitoneal	286:3 290:10	January 7:11	342:16 398:3
90:11	95:2	291:20 312:4	Jason 6:16	413:18
interacted	intratracheal	340:10	253:4,7,13	journals 154:15
304:23	194:4	involves 14:14	254:1 256:7	289:23 290:2
interacting	intriguing 339:3	IRB 18:20 19:7	JERSEY 1:2	291:17 322:3
122:7	352:22 353:5	iron 410:10	job 24:3 89:24	329:24 394:13
interactions	introduced	iron-mediated	292:15	JR 2:13
102:24 322:2	222:10,23	9:7	John 2:13	Jrestaino@re...
intercourse	226:12	irrelevant 55:1	Johnson 1:4,4	2:13
219:14,15	introduction	55:11,18 56:2	2:18,18 7:3,8	judges 12:2
222:11	150:20 151:1,6	56:15 280:15	7:13,13 20:7,7	judgment 90:20
interest 16:16	155:17 164:3	352:19 353:3	24:6,6 25:9,9	Judith 38:22
121:3 289:7	177:21 188:11	353:14 412:5	39:21,21 83:17	junior 17:3 78:8
320:9 321:19	188:14 346:18	415:22 416:9	104:11,11,15	
326:24 333:23	413:19 417:13	421:17	104:15,24,24	K
353:7,10,10	418:8 419:12	isolated 358:12	105:4,4 161:6	K-U-N-Z 226:17
355:11	introductory	issue 57:22	161:6,15,15	Kane 39:15

Kardashians	86:17,18,21	227:4 228:12	379:15 381:6,7	lab-based 107:1
293:3	87:13 88:8,12	228:21 229:14	381:20 382:10	label 87:10,14
Karlan 243:22	88:14,24 90:1	232:18 236:19	384:15 390:2	228:11
244:11	90:9,14 91:15	237:21 238:23	391:3,11	labeled 67:3
Karlan's 244:22	93:4 95:14	239:18 241:14	393:10 394:7	labeling 110:3
keep 22:12	96:21 97:11	241:22 243:12	394:10 396:5	laboratory 15:6
176:8,14 205:6	99:14 102:21	245:20 246:18	397:8,22	40:3,11 144:24
256:8 354:1	102:22,23	250:9,16,17	404:15,16	271:10,19
kept 393:11	103:1 104:1,4	251:15,20	410:12 412:20	laboratory-ba...
Keskin 94:24	104:5,6,9,14	253:4,7,7	413:6,10,15	33:9 40:2
Kessler 38:11,12	104:23 105:3	255:18 259:11	416:5 417:8	laboratory-de...
key 307:17	109:1 110:3	259:24 260:23	420:15,18	144:7
334:18,21	113:6,17	261:12,16,23	422:5,12	labs 363:8
342:5 344:13	114:15 120:23	262:3 263:4	knowing 114:4	lack 128:13
kidney 105:18	121:2 127:11	269:14 270:23	237:11 318:8	156:22 206:2
kin 426:14	137:5 138:11	271:18 272:22	knowledge 86:2	235:4 290:13
kind 64:23	138:12,22	274:2,13,22	86:19 96:10	295:14 333:23
72:11 87:16	139:15 140:5	275:4,18	186:4 205:19	408:17
237:3 256:6	145:3 147:18	276:11,11,23	220:6 287:13	lacking 378:6
270:15 271:10	149:7,7,8,9	277:8,13,14,17	307:7 321:17	lacks 221:4
296:16 305:22	153:22 155:3,4	278:20,22	321:21 325:8	lad 80:23
306:3 308:19	155:7 157:20	279:3 281:14	325:22 338:18	Lancet 154:5,9
399:23	157:22 158:13	283:17,22	355:21 393:13	154:24 155:9
kinds 410:19	159:18 167:3,3	284:6 285:9	knowledgeable	158:5 159:4
412:23	167:15,16	286:6,10,18	77:21	161:17 162:17
Kirkman 171:4	170:2,18,20	288:7 290:13	known 266:2,15	166:24 169:3
kits 364:5	171:2 174:6,24	291:14 295:1,2	267:4 396:18	173:3
knew 7:13	176:21 184:22	295:2,4 296:17	397:16	landmarks
know 16:11	185:15 186:12	298:22,23	knows 223:19	210:4
17:12 19:17,21	186:15 187:11	299:14 301:4,9	256:15	Langseth
25:16 32:7	187:23 188:24	301:22,23,24	Kunle 245:5,6,6	418:19,23
33:8 37:4,6,19	189:4,8,22,24	305:20 308:12	Kunz 226:17	language 43:18
37:22,24 38:9	190:7,19	308:12 310:3		213:15 331:9
38:18,24 39:2	191:16 192:19	311:18 312:23	L	332:16 333:5
39:5,8,10,11	192:22 194:11	313:19 318:2	L 2:9	large 212:4
39:14 40:5,11	194:15 195:19	321:6 322:1	lab 14:21 16:4	243:14 426:20
40:12,13 48:19	195:20 196:1,2	326:4,4,16	40:12 83:2	larger 86:7
50:15 51:1	196:2,8,11	328:13 334:11	104:16 105:4	140:9 247:22
52:22 54:17	198:15 202:7	336:17 340:15	145:17 168:4	late 169:13
56:19 57:3,5,6	202:14 203:6	340:23 342:14	209:6 235:5	latency 138:5
58:14 63:1,4	203:21 204:6	344:2 350:15	311:12 317:8	latitude 290:3
66:21 68:21	204:11 213:3	352:7 353:18	317:10,17	law 1:16 2:3,11
78:12 79:7	215:4,23 216:3	354:16 361:17	323:24 324:1	lawsuits 257:2
80:7,18,23,24	216:9 217:4,18	362:20 363:7	360:18 363:10	lawyer's 46:12
82:6 83:17	220:2 223:3	364:6 372:17	363:12 364:6	430:1
84:10,17 85:4	224:1 225:1,7	375:8,19,20	373:5 384:11	lawyers 20:7
85:4 86:7,17	225:8,10,16	378:1,3 379:8	385:6 386:1	103:21

lead 74:3,6 209:5	72:6,15 73:1,7 198:13,14	339:2,13 341:14,15	45:18 46:24 74:24 87:13	182:12,12 188:12 192:13
leading 122:8 136:18 150:11 163:8	294:16 296:20 332:1 333:20 333:22 334:2	342:9 352:10 357:22 367:22 371:8 375:4,12	165:20 254:20 361:8 listen 341:7	192:15 193:15 193:22 197:4 247:6,9 250:5
leaping 409:12	leukocytic 137:20	375:20 380:24 381:3 421:5,23	lists 157:2,11 literally 421:1	256:22 262:11 276:12 290:11
learning 178:16 178:18	level 106:14 125:7 130:2	428:4 430:2 lines 303:16	literature 31:8 35:21 41:23	304:20 305:21 309:17 311:17
leave 137:4 387:22	382:5 levels 82:22	334:19 340:7 352:13 357:16	42:9,11,19,21 65:11 67:10	335:5 343:18 344:6 349:2
leaving 256:2	228:15 275:18 334:21 371:16	357:17 358:1 358:10 361:7	90:15 94:22 95:7 96:11	364:20 369:17 374:6 390:6
led 249:24 250:8 250:12	371:22 383:2 392:7	362:11 372:13 375:15 376:3	97:18 101:15 101:19 106:16	392:10 397:10 399:19 408:9
left 365:2	Levine 244:24 245:3	377:20 379:13 382:1 386:10	107:14,18 108:3,23 109:2	408:12 lives 290:15
legend 152:10 152:11	Levy 39:17 Lheureux 5:16	387:12 423:5 link 40:6 197:21	109:7,8 115:6 126:9 142:14	Liz 102:21,22 LLC 2:11
lesion 136:10	LHG 1:7 LIABILITY 1:6	241:20 275:24 linked 5:14	148:3 158:18 160:14 161:16	LLP 1:16 2:19 2:22 3:3,8
let's 18:5 36:16 36:22 37:12 46:4 53:18	life 81:4 182:7 238:15 299:4	163:3,15 164:12 165:10	170:10 172:9 183:6 184:19	2:22 3:3,8 local 122:8
68:23 73:18 83:12,12 113:8 124:18 125:20	lifestyle 117:24 121:12	165:14 166:17 197:10 198:7	194:10 215:7 224:2 232:19	397:15 localized 130:11
137:4 148:21 153:23 169:9 177:16,16,23	lifetime 169:12 ligation 119:8	linking 293:20 links 155:19,21	224:2 232:19 238:16 239:12	logo 234:6 Lois 1:19 3:20
178:5,22,22 182:8 183:1,1 192:8 203:5	119:13,18 129:1	lipid 9:7,9 410:11 413:15	240:13 241:5 241:10,15	10:11 349:20 426:19
206:16 213:2 213:17 230:1 250:21 264:11	ligations 137:9 light 6:4 210:6	list 5:3,5 22:22 23:2 36:10	252:1 256:8 276:16 279:2	long 24:21 91:7 147:18 156:12
291:14,19 295:6 298:12 299:15 306:18	lights 156:9 liked 176:17	42:1,14 44:10 44:11 45:10,11	283:10,15 284:24 285:1	164:7 178:8 298:23 304:24
310:17,24 316:2,12 319:5 327:17 331:21	liking 308:4 limit 76:24	47:18 48:3 69:23 71:18	359:20 litigation 1:6	379:22 380:1 long-lasting 297:17 299:16
334:9 343:15 348:22 349:9 356:9 370:14	236:24 237:9 limitation 140:16	72:16 78:6 79:14 81:11,13	10:4,8 11:2 22:13 24:1,6	long-term 295:24
376:21,22,24 386:1 405:5 410:15	limitations 128:12 337:3	81:17,22 82:2 82:15 88:4,18	25:10 288:1 290:10 291:21	longer 104:1 longevity 296:12
lethal 133:4,11 letter 4:17 49:13 49:20,21 72:4	limited 180:1,7 296:21 line 54:15	165:9,11 166:16 170:22	297:2 320:18 323:24	longitudinal 99:18
	150:24 155:19 202:10 214:5	186:5 192:9 243:5 245:22	little 20:9 24:4 72:22 86:5	Longo 7:5,11 282:24 286:11
	255:1,11 292:21 337:18	268:10 282:11 384:6 399:3	126:6 131:24 147:16 158:2	286:18 Longo's 281:13
		409:20 listed 36:1,11	165:18 166:24 174:2 176:20	281:22,23 look 21:22 33:19
			176:20 182:9,9	

35:24 37:15,21 44:11,23 45:13 46:4 49:21 50:8 52:4,13 53:18 65:19 67:15 70:11,17 73:18 75:9 79:4,6 81:13 92:13 108:22 148:13,14 154:1 155:9 156:19 169:9 177:16 185:3 188:5,10 194:10 213:23 214:12 231:1 232:22 233:15 234:4 247:4,6 258:12 263:9 286:19 288:14 298:23 302:12 308:8,14 311:3 311:21 315:21 318:5 319:5 322:8 325:24 326:9 344:4 348:22 349:8 356:9 368:19 374:24 381:6,7 381:17 384:16 387:24 389:11 402:13 403:14 406:6 409:8 410:7 416:18 422:9 looked 36:19 45:9,17 48:14 53:10 55:8,24 70:9 71:11 86:10 87:10 88:20 109:20 174:7 180:23 194:12,14 201:23 202:2 214:1 226:23 233:10,20 256:5,9 266:13	311:23 312:9 322:17 340:12 384:11,21 390:22 401:24 402:2 406:2,12 419:7 420:20 420:24 looking 33:17 55:1,2 71:15 79:8 80:9 92:20,20,23 93:18 110:13 151:23 164:20 165:9 188:6 210:20 231:20 233:14 266:10 290:14 300:19 300:23 301:1 305:22 310:4,4 311:11,18 312:16 348:5 359:12 368:9 370:4 371:13 395:5 401:20 401:21 410:5 looks 78:17 109:7 112:4 155:17 184:17 234:5 311:20 366:12 382:4 382:11,12 386:9 399:20 Loss 166:3 lot 16:10,18 24:20 36:3 51:14 65:9 73:24 76:1 83:7 84:2 106:14 117:22 147:7 173:10 178:18 186:4 195:15 223:12 228:10 231:1 237:20,22 239:18 252:8 257:4 279:2 280:1 296:23	313:20 323:8 340:12 397:21 404:6 405:7,13 405:16 421:2 lots 34:19 148:23 lousy 24:12 low 181:17 382:6 402:8,9 402:17 lower 399:3 lubricant 189:19 Lubricating 199:23 lunch 176:1,3 177:4,9 198:22 212:12 230:1,4 lung 9:14 145:4 195:23 274:7 278:12 297:21 300:2 305:5 410:12 415:20 415:23 417:5 419:24 421:5 421:16,20,21 421:22 422:1 422:13 lying 96:13 lymph 6:5 208:13,22 210:8 211:23 212:6	Maine 11:24 major 136:18 290:9 397:2,9 majority 123:3 making 188:9 270:16 271:1,2 296:22 322:22 385:18 389:12 Malignancy 157:2 malignant 128:6 138:6 274:17 malpractice 11:17,18 manageable 81:16 mandated 247:12 manifesting 152:16 manner 97:6 260:19 383:3 Mantovani 5:10 155:5 manufacturer 358:18,22 manufacturing 275:13 manuscript 8:14 8:16 47:1,6,17 75:5 319:2,3,5 319:7 320:2,12 327:15 328:8 330:19 331:5 332:8,17 333:3 335:9 345:11 348:6,18 366:12,16,18 368:22 369:7,9 370:7 382:23 391:15,18 manuscripts 332:10,13 March 1:11 10:4 23:17,19 169:3 426:17 Margaret 2:4	10:20 Margaret.tho... 2:5 mark 48:9 49:19 53:11 113:21 149:12 153:18 161:22 198:11 199:10 205:20 209:11 233:23 253:18,24 264:11 281:21 288:4 311:5 329:3 372:7,11 394:21 400:20 406:7 marked 20:13 20:16 21:1,5 21:17 48:12 49:17 50:6 53:13 64:4,8 64:11 67:2 81:9,22 113:24 149:15 153:16 162:4 166:21 199:8 205:13 205:22 209:14 234:2 246:23 253:22 264:14 268:3 281:19 282:2 287:19 294:14 301:19 311:8 320:4 327:10 329:1 329:18 366:6 393:22 400:22 406:10 409:14 415:2 marker 135:23 248:4 339:15 markers 334:18 361:5 398:17 400:2,6 market 83:18 84:1 90:17 MARKETING 1:5 marking 166:23
--	---	---	--	--

247:1 409:16 415:4 markings 149:17,20 marks 387:11 387:15,16 mask 275:12 masks 275:22 Massachusetts 2:20 11:15 massive 275:8 275:11 massively 276:1 match 57:24 156:8 material 23:2 60:12 100:15 129:10 materials 20:2,8 22:23 36:11 42:16 45:10,11 47:18 129:4 224:9 295:15 357:13 358:8 384:6 matter 10:7 11:14 55:4 89:21 91:3,8 114:19 239:4 266:12,14 285:10 286:23 373:18 381:14 426:6 matters 193:17 McCLENNEN 2:19 McDonald 6:6 209:5,11 McTiernan 37:4 37:5 38:2 McTiernan's 37:19 MDL 1:9 10:8 104:7 281:22 281:24 MEAGHER 2:22	mean 13:12 20:9 31:7 44:11 54:14 62:23 69:1 75:7 78:2 84:12 85:11 90:15 97:15,15 100:9 112:13 126:6 131:12 140:19 148:8 159:16 166:7 170:19 179:18 192:20 210:23 218:7,7 219:17 222:15,18 223:16 231:1,5 237:7 240:3 248:18 259:10 270:15 275:6 317:4,6 351:20 353:5 358:12 363:7 368:3 373:18 374:9 411:15 412:12 meaning 139:1 148:5 258:2 meaningful 35:6 80:7 139:12 144:6,19 145:5 meaningless 339:14 means 13:13 54:17 79:15 179:20 188:24 269:17 313:2 341:11 meant 20:6 97:17 168:11 175:12 257:7 258:9 measles 80:22 measurable 100:21 measure 227:1,3 measured 334:22 measurements 210:3	mechanism 27:5 29:17 30:2 91:2,20,24 92:6,13,19,20 92:23 93:3,9 123:5 124:19 129:3 133:2 134:3,13 200:16 201:1 201:18 267:5 267:15 270:10 274:24 277:24 295:19 297:9 303:9 304:4 305:12 309:19 310:10,10 342:5 mechanisms 193:16 267:8 302:18 303:3 305:1,5 309:6 Mechanistic 7:20 302:5 media 257:1 358:17 mediated 128:17 166:4 410:11 medical 11:17 11:18 13:11,15 14:3,9 77:15 196:14 200:5 237:16 238:1,5 238:16,17 239:12 240:2 240:12,13,22 241:5,10,15 288:8,9,12 289:23 290:2 292:9 medicine 5:12 6:21 69:2 162:13 242:1 242:17 243:13 246:13,14 meeting 102:18 340:16,22	354:20 389:3 389:13 391:7 meetings 41:11 102:24 meets 181:21 Melville 2:16 member 254:15 members 278:4 memorized 356:12 memory 281:16 311:16 317:14 men 272:2,8 menarche 169:13 menopause 169:14 menses 123:14 123:15 menstrual 222:23,24 223:9 menstruation 123:4 223:14 225:9 mentioned 46:8 103:13 154:7 241:23 245:8 246:11 330:1 411:13 mentorship 74:19 merit 332:7 Mesothelia 401:13 mesothelial 8:23 136:10 402:7 403:7,13 mesothelioma 195:2 273:11 274:7,10 278:6 279:5,15 295:12 297:21 mesotheliomas 195:3 274:12 305:6 messages 305:24	met 37:24 38:2 38:10,12,22 213:3 253:8 meta-analyses 142:13 172:22 183:3,5 meta-analysis 65:15 96:19 106:18 171:13 171:18 231:11 249:2 255:14 256:10 metabolized 193:3 metal-catalyzed 295:21 metals 55:13 70:3,18 89:21 108:15 129:11 265:19 metathesis 151:12 methodologic 221:8 330:20 331:6 332:17 333:6 methodology 53:9,23 65:2 71:15,20,22 72:16 106:5,10 106:22 148:23 178:24 181:2 186:22 210:9 295:14 350:14 350:20 353:17 353:23 354:8 356:23 358:17 388:1 methods 280:3 357:13 363:1,4 363:17,22 metrics 128:14 Michael 1:14 4:8,10 10:9,13 429:15 micro- 227:6 microcopy
---	---	--	--	---

295:17 microenviron... 307:16,23 micrograms 359:6 microns 86:7,13 microphone 423:24 microscopy 6:4 210:6 295:16 microsphere 228:11 microspheres 227:7 middle 75:4 migrate 122:21 124:1 126:11 127:4,20 128:3 129:12 214:8 276:23 279:10 migrating 195:16 migration 30:15 31:3 32:11 37:17 127:14 195:7,15 200:14,24 201:5,13,17,22 213:18,20 220:12 274:23 278:16 mil 359:6 millions 214:7 min- 90:2 mind 60:7 87:23 195:18 336:7 377:8 413:11 416:9 mine 162:10 177:22 254:2 272:14 273:3 370:4 379:19 mine's 20:21,21 mineral 7:22 8:24 54:22 84:23 90:2,9 90:19 91:3	108:3 146:5,9 192:12,23 193:10,11,20 193:21 194:20 257:16,22 259:4 263:17 263:19 298:17 302:7 303:5 401:14 403:13 mineral-induc... 302:17 303:2 mineralogist 250:17 420:12 mineralogy 57:18 84:22 86:10 87:8 108:7 261:23 minerals 286:3 minimum 319:22 Minister 186:10 186:12 minute 244:1 288:14 302:11 304:11 321:14 339:17 minutes 105:13 105:20 177:10 212:12 306:7 364:24 365:5 365:10 421:1 misconduct 81:5 misinformed 111:8 misinterpreted 109:21 111:11 111:13,15 misleading 408:22 missing 44:13 mixed 86:22 234:18 420:6 mixture 83:6 MIZGALA 3:9 18:22 50:17 60:2 114:21 115:1 176:11	290:22 291:2,8 Mkp3 166:4 MMT 345:4 mobile 218:9 426:3 mode 214:10 270:18,18 model 130:20,21 131:13,19 132:2,4,6 337:18 339:7 340:6 341:14 models 303:16 307:6 moderate 116:16 modern 309:5 modest 180:13 modifiable 116:15 modifications 397:17 molecular 8:5 15:8 26:6 32:12 34:23 35:10 60:17,21 61:6,12 325:11 325:19,24 327:2 400:12 molecule 148:11 300:7 moment 164:22 Monday 5:19 money 24:5 104:14,23 105:3 317:7,10 323:19,23 monies 317:23 monograph 50:1 67:6 69:8 69:16 70:7 73:12 262:8,14 263:11 264:19 monographs 4:20 71:8 monstrous 244:8	Montgomery 2:4 month 47:15 327:17 months 25:20 254:18 287:11 299:5 327:19 Moorman 39:8 moot 296:13,16 morning 230:9 232:17 241:23 273:20 374:7 mortality 249:5 Mossman 7:23 301:22,22,23 303:7 motile 214:7,23 215:10,22 216:2,10 217:5 217:7,11,14 218:2 229:2,10 motility 229:4 mount 156:2 mouse 147:10 337:17 339:7 340:5 341:14 mouthful 397:21 move 215:8 229:1,2 386:2 moved 214:21 214:21 296:13 movement 214:13 227:20 moving 216:15 216:16 217:14 217:16,23 304:20 MPAFF 2:5 MRNA 371:16 382:5 383:2 MTT 345:4 362:7 mucinous 170:24 171:3 Mulholland 3:13 10:3	multiple 82:16 100:23 151:16 152:15 202:5 231:10 247:15 247:15 multitude 305:4 mumbling 124:14 177:2 212:22 mumps 137:7 musculoepith... 125:6 muscutone 266:4 mutagenesis 303:16 307:22 mutagenic 303:18 mutation 309:24 310:1 391:6 mutations 164:9 164:13 307:13 310:5 mystified 204:1 204:17,20 205:10 206:1,5 206:10 <hr/> N N 2:1 3:1 4:1 5:1 6:1 7:1 8:1 9:1 N.E 3:4 name 10:2 103:12 221:11 243:5 406:5 names 81:17 nano 414:8 419:20,21,21 420:2,17 Nano-Scale 415:18 417:4 nanoparticles 9:8 nanopowder 414:11 Nanoscale 9:13 napkin 96:14
---	--	---	---	--

NAPOLI 2:15	426:13	noncancerous	NPO 360:19	numeral 182:12
narrow 26:24	neoangiogenesis	358:1,10,12	398:23	numerically
396:5	397:15	nonfibrous	NTB 235:17	390:11
narrowed 81:15	neoplastic 9:2	402:2,16	nuanced 33:17	numerous 200:5
national 6:12	134:19 164:10	403:18	number 10:8	240:21
68:24 69:1	406:13,23	nongranuloma	20:15 21:4,16	NUTTER 2:19
235:16 241:24	407:8,14	251:3	48:11 49:16,20	
242:11 246:12	Ness 161:8	nonresponsive	50:4,5 53:12	O
251:7 289:22	net 179:10	211:7 346:3	53:22 70:1	OB 229:23
389:3	never 37:24	Nope 39:16	78:13 81:8,16	OB-GYN
natural 166:12	38:12 40:9,10	normal 134:17	83:23 100:1	254:11 257:10
naturally 146:5	84:19 102:2,19	163:9 305:7	113:23 115:4,5	obesity 117:24
nature 11:14	142:24 240:5	334:19,19	116:3,7,14	119:9,14,19
33:5 68:21	241:18 261:12	349:23 358:2	117:1,8,22	object 12:7
136:9 158:21	new 1:2 2:16,23	375:16 376:2,2	118:11 120:9	14:18 16:6
NCI 233:7	2:23 6:15 31:2	376:3,11,15	121:5,11,19	17:1,16 18:1
neater 376:23	31:8 146:18	377:7 382:2	122:4,18 123:3	18:23 19:12
necessarily	184:21 254:21	normalization	123:13 124:24	26:9,21 27:9
44:10 68:23	255:22 267:24	360:7	129:10 149:14	28:16,21,21
158:24 191:10	292:19	normalized	153:15 162:3	29:11,21 30:6
191:23 239:11	Newport 2:9	367:10 371:16	166:20 169:12	31:6,18 32:1
256:8 274:4	news 287:10,21	North 1:17	198:24 199:7	32:15 33:7,22
297:12 393:15	288:5,12,17	213:10	205:21 207:15	35:1,19 36:9
necessary 427:4	289:11	NOS2 360:11	209:13 211:9	37:2 40:22
necessitated	Next-to-last	Notary 1:22	234:1 246:22	41:16 42:24
52:12	407:11	426:20 429:22	253:21 254:1	43:12,23 45:4
need 19:21	nice 84:13	note 181:20	257:2 264:13	46:11 47:8
33:10 44:18	102:16 176:19	333:2 405:7	268:2,16	49:4 51:6,11
50:16 62:11	nickle 265:19	notebooks 373:6	281:18 282:1	51:22 52:9,17
93:5 99:14	nine 247:9	374:10 384:7,9	287:18 290:10	53:4 54:3,20
112:23 140:8,9	nitric 137:21	384:12,21	294:13 301:18	55:7,21 56:6
162:8 164:22	nitrogen 396:17	385:6,9 386:1	303:21 305:1	56:18 57:2,10
209:24 258:11	nobody's 194:12	noted 10:10	307:2 311:7,22	58:13,20 59:17
279:24 315:21	nodes 6:5	137:18 427:11	320:3 328:24	60:3,9,20 61:3
336:5 345:18	208:13,22	429:11	329:17 332:10	61:10,24 62:16
386:1	210:8 211:23	notes 46:20	334:10 335:8	63:9,20 66:19
needed 46:13	212:6	430:1	335:12 337:15	67:22 68:4
needs 158:23	nods 17:8 25:18	notice 1:15 4:13	337:16 341:18	69:12 70:14
205:10	49:23 98:13,19	21:14 23:4,10	343:15,17	71:2 72:1,8,19
negative 59:12	170:8,11	47:23	344:12,18	74:9 75:24
59:15 60:11	183:15 231:7	noticed 174:24	345:6 346:7	76:13 77:11,18
62:2 231:3,5,7	244:23	noting 399:12	351:11,21	78:1,23 79:22
231:11	non 270:15	399:14	366:5,8 393:21	80:20 81:20
negatively 46:22	nonasbestiform	novel 337:2	400:21 406:9	82:13 84:9
neither 138:24	50:2 54:10,14	November 7:6	409:13 415:1	85:3,17 87:3
139:3 256:14	54:18 177:19	25:13	numbers 188:6	88:17 89:3,9
256:15 346:4	178:1 264:6	novo 337:9	188:13 271:14	90:6,13 91:6

91:23 92:4,16	164:19 165:17	245:19,24	324:19 325:5	408:16 409:3
93:2 94:17	168:1,23	246:9 250:15	325:13 326:14	410:9 411:5,12
95:6 96:4,17	169:23 170:13	251:12,18	327:6 331:12	411:22 412:9
97:8,24 99:12	171:20 172:11	252:17 253:1	335:3,23 336:9	412:18 413:9
100:4 101:12	172:19 173:16	255:6,17	336:20 337:8	414:1 416:1,11
103:11 104:18	174:1,20 175:4	256:20 257:12	338:3,9,14,22	417:23 418:11
105:6 106:12	178:3 179:3,9	257:18 258:1	340:21 341:24	419:2 420:9,22
107:23 108:11	181:6,13	258:20 259:2,7	342:19 343:11	421:15 422:21
109:12,18	182:21 183:19	259:22 260:12	344:1 346:2	423:3,7
110:2 111:10	184:15 185:7	260:22 261:11	347:3 350:11	object- 373:9
111:20 112:15	185:13,21	261:22 262:16	350:22 351:16	objected 253:20
112:22 115:14	186:3,18 187:9	262:24 263:24	352:2,21 353:9	objection 22:4
116:11,20	187:19 189:7	264:8 265:3,9	354:11,22	114:2,9,9
117:6,14 118:8	190:4,12 191:1	265:22 266:6	355:14 356:6	291:7,13 373:7
118:16 119:16	191:15 192:4	266:17 267:1,7	357:1 358:20	373:13 392:18
120:14 121:7	193:5,14	267:12 269:10	359:22 360:2	objections 21:19
121:16,24	194:19 195:10	270:8 271:13	361:2,16	22:4,10 23:5
122:13,24	196:10 197:14	272:18 273:6	362:19 363:6	23:10 47:20,24
123:9,19 124:4	198:1 200:19	273:15,24	363:24 366:3	48:3 114:8
124:22 125:3	202:23 203:9	275:3 276:7	366:23 367:15	291:7
125:13 126:15	203:17,24	277:3,16 278:8	368:2 372:2,10	objective 319:21
126:24 127:7	204:13 206:7	278:19 279:1	374:17 375:6	334:15 335:1
127:16,24	206:12 207:4	279:17 280:6	375:10,24	objectively
128:9,21 129:7	207:14,23	280:10 281:1	376:9 377:15	300:24
129:18 130:5	208:8,24	283:8,21 284:5	377:23 378:9	objectives
130:15 131:4	209:20 210:14	284:22 285:6	378:15,22	343:21
132:22 133:7	211:6,12 212:2	285:24 286:14	379:4 380:8,23	observation
133:21 134:8	214:16 215:2	287:1,16,24	381:5,16,23	20:24
134:24 135:10	215:13 216:6	289:5,15 290:1	382:18 383:13	observational
135:19 136:5	217:13 218:5	290:8,21 292:6	383:18 384:4	144:6
136:13,23	219:11 220:1,8	292:14 293:5	384:14,20	observations
137:15 138:1	221:17 222:1	293:16 294:6	385:2,8,16	163:13
138:21 139:8	222:14 223:2	296:8 297:5,11	386:7 387:5	observe 210:23
139:14,22	223:21 224:4	298:4,9,16,21	388:4,11,18	212:3,3
140:4,12,22	224:13,21	299:7 300:17	389:6,15 390:1	observed 134:4
141:18 142:1	225:4,13,19	301:13 303:11	390:14 391:2,9	303:20 403:3
142:10,19	226:1,8,14	304:1,7,16	392:5,9 393:7	403:10,12
143:4,10,18	228:1,20 229:6	305:15 307:20	394:16 395:23	observing 35:5
144:1,10,21	229:18 230:23	308:7,21	396:12,22	obvious 58:1
146:14 147:5	231:16 232:3	309:16 310:14	397:6 398:10	214:5 409:11
152:23 153:14	232:16 233:3	311:15 313:10	398:21 399:9	obviously 16:10
154:12,17	233:12 236:3	314:1,7,16,23	399:18 400:5	47:13 51:13
155:13 156:16	236:18 237:5	315:8,18	400:15 401:3	218:7 228:5
157:18 158:9	238:4,11 239:8	317:21 318:12	403:1,21 404:5	256:13 274:6
159:7,14	239:17,24	319:10 320:23	404:13,24	OC 118:6 248:6
160:19 161:11	240:8,17 241:1	322:12 323:1	405:12,22	OCAC 34:12
161:19 163:18	242:6 243:11	323:18 324:4	407:23 408:7	75:22 76:1,5

76:16,17,18,24 78:16 occasional 249:8 occasionally 16:19 occupational 100:18 271:24 276:12 410:22 413:2 414:12 occur 146:6 164:8 178:9 194:8 occurred 229:12 occurrence 295:22 occurs 146:5 257:22 odd 165:22 166:3 odds 139:11 Odunsi 245:5,5 offer 35:16 36:6 39:24 offers 127:13 offhand 232:10 offices 1:16 oftentimes 225:16 337:23 oh 64:7,16 70:4 73:9 88:4 132:1 154:20 162:2,8 167:5 178:5 183:4 204:10 210:18 210:20 220:17 224:14 243:1 256:2 288:8 300:7 302:23 312:14 349:22 359:15 368:9 368:10 379:18 381:11 392:15 393:20 395:14 401:20 424:2 okay 20:4,5,13 21:3 23:22 24:17,24 25:8	32:21 34:13 36:16 37:22 43:7 50:15 52:1 56:9 57:7 63:4,6 64:21 65:16 69:5 71:12 74:13 75:3 80:9 83:8 83:15,15 84:16 86:21 87:6 89:13 94:21 95:19 98:9 103:18 106:24 107:3 111:2,24 112:1 113:8 115:20 118:21 119:22 120:7 125:22 126:4 131:8,10,17,17 131:20 132:6,9 132:10,12 143:14 145:23 146:4 149:13 151:4 153:23 159:23 160:1,6 160:21 161:4 167:7,11 168:8 174:11,15 175:1,16 177:4 177:14 178:7 183:1 189:1 197:7,8,20 198:19 201:15 206:15 211:5 211:15 212:15 212:16,18,24 213:17 215:18 216:18 217:8 218:13,19 220:16 222:18 232:12 233:17 239:14 242:13 244:2,7 249:1 252:4 258:24 259:9 261:7,8 265:14,18 268:1,1 270:21	272:24 279:21 279:24 280:16 284:14 288:3 291:13,21 293:11 295:8 300:22 302:23 304:12 306:2 306:23 308:17 311:1,2 312:11 312:12 313:4 313:15 314:11 314:20 315:12 315:24 316:8 317:24 318:5 321:14 324:7 324:24 327:19 328:14 331:19 336:15 340:3 341:2 342:14 344:11 348:17 349:9 354:14 356:17 357:14 357:20,24 358:23 359:3,4 359:15 364:9 364:12 365:12 365:24 366:1 367:12 368:7 369:1 370:21 371:11 374:21 375:2,15 376:13,22,24 377:20 380:11 380:17 385:13 391:15 393:16 395:3,16 400:24 401:18 406:7 409:10 409:16 416:17 416:19 419:5,7 421:11 424:23 omitted 342:7,9 ONC 321:9 once 61:4 193:11 269:11 oncogenic 350:1 oncologist 14:9	30:24 35:14 38:7,23 213:22 oncologists 170:21 229:20 329:10 Oncology 8:11 8:19 327:22 328:17 329:5 331:23 332:9 332:14 333:4 347:12 391:17 394:2 400:9 ones 44:9 45:16 78:16 93:13 120:8 194:14 286:2 299:8 375:21 ongoing 254:9 online 49:10 oops 146:10 358:4 open 129:24 130:1 opening 413:12 opining 196:7 224:7 opinion 19:7 26:15,17 27:1 27:23 28:4,8 28:12,24 29:7 29:16 30:1 51:12,14 57:13 58:4,10 61:7 62:12 73:8 84:24 85:21 93:21 107:13 109:6 113:17 142:2 143:5 144:17 146:16 146:17 179:6 184:12 195:5 195:13 201:7 201:20 208:1 218:1 222:19 223:22 230:9 230:13 232:12 234:9 252:18	257:15,21 258:18,21 259:19 261:19 263:8 266:8 273:22 275:23 277:8,23 278:15 313:15 339:1 367:23 383:10 386:4 393:17 415:21 opinions 12:13 12:16,19 13:3 13:6,10 27:4,5 27:22 30:11 32:4 35:17 37:17 41:1 102:9 106:21 107:9 110:21 189:13,15 219:22 220:5 265:5 296:19 365:23 424:8 opposed 346:6 355:1 optical 295:16 options 170:6 oral 119:7,17 oranges 72:23 399:24 order 33:8 43:24 138:17 140:7 176:3 332:21 359:16 ordinate 369:13 organ 62:5 organization 67:20 68:2,8 68:15,18,20 242:10 292:20 389:16 organized 346:19 385:10 organs 194:1,13 origin 357:19 414:9 original 43:24 348:4 404:17
--	---	---	---	---

427:15	165:13 166:5	200:15,17	399:15 417:18	247:21 429:6
originally 103:8	166:10,16	201:1,2,14,17	419:23	paid 24:5,8
246:14	167:23 168:20	201:19,21	oxide 137:21	104:10,24
os 129:23	170:17 172:3	203:15 206:18	oxidizing 312:23	105:4 317:18
OSE 137:11	173:5 180:13	220:13 223:11	oxygen 134:21	320:16 323:24
outline 53:23	183:10 197:11	227:19 267:20	165:11,14,20	painful 119:8,19
101:18	197:15,23	269:8,19 271:7	165:24 166:9	296:14
outlines 65:24	198:8 230:11	278:1	166:17 396:16	Paint 147:10
outside 68:10,13	230:14,21	ovary 44:8 62:5	417:17 418:2	pales 256:4
68:19 86:5	231:14,21,23	129:22 130:12	oxytocin 228:5	panel 12:2
326:2	233:1 234:10	136:10 169:16	228:15	156:20,22
ovarian 5:16,23	236:10 237:23	171:4 202:1,3	Oza 167:22	pap- 211:22
6:11,15,22 8:6	241:21 242:17	221:3 268:16	168:2,4	paper 47:3,16
8:21 9:3 13:20	243:20 246:4	375:16 382:2		48:4 65:12,12
13:23 15:7,9	247:1,14 248:6	overall 121:19	P	74:21 75:12
26:2,12 28:1,6	248:9,13 249:4	163:13 335:8	P 2:1,1 3:1,1	76:9,22 79:3
28:9,13 29:2,9	249:13,16,21	424:8	334:22	81:7 82:5
29:19 30:4	251:23 252:23	overlapped	p-Cresol 266:4	93:23 107:5
34:9 40:6,17	254:21 255:2	392:22	P-value 382:7	111:22 148:24
41:2 44:8	256:17 268:6	overstated	p.m 230:3,6	151:8 155:5
55:11 57:12,24	268:18 273:12	309:17	310:19,22	160:24 166:7,8
61:18 66:7	275:6,24 278:5	overview 346:21	349:11,14	174:8 203:3,12
78:7 89:18	279:14 283:13	overwhelming	365:16,19	203:15 204:20
90:22 92:8,12	284:8 288:21	307:13	370:19 407:1	205:9,13,20,24
95:11,12,13	293:19 299:1	ovulation	416:21,24	206:21 207:1,8
101:21 102:3,7	313:17,20	135:15 229:11	423:14,17	207:21 208:6
107:15,19,21	314:5,14	ovulations	424:24 425:2	208:13,20
108:17,19	334:18,19	169:12	pace 362:10	209:11 210:21
110:20 115:10	336:13 340:10	ovulatory	page 4:2 36:12	211:22 215:3
116:5,17	342:6 346:12	137:19	43:4 53:18	225:5,9 249:6
117:10 119:9	346:14,20,23	Owen 7:14	95:19 151:23	250:10 255:22
119:13 120:12	347:24 348:3	ox- 312:22	156:19 164:2	267:19,21
121:14 122:7	357:17 358:2,3	Oxidant 398:14	177:20 182:9	268:7 301:22
128:6,19	376:3 395:8,11	oxidants 305:2	188:6,16	302:14,21
130:10 131:9	397:16 398:16	399:5	199:20 200:1	304:17 309:2
133:3,17 134:6	399:15,21	oxidative 5:13	201:13 220:14	316:6,10 317:1
134:17,17	406:13,24	8:20 122:10	220:15 235:1	318:10,16,19
135:5,16 136:1	407:7,14	163:2,7,14	247:6,6,20,21	321:9,10
136:3,9,18,21	410:21 411:9	164:12 166:4	263:12 264:17	325:17 327:9
137:8,13 138:6	413:1,21	311:13,21	268:24 308:24	327:12,24
138:19 139:2	417:16	312:5,18,24	309:5,5 316:11	328:5,12 331:2
141:4,7,10,13	ovaries 30:12	313:2,6,11,16	316:12 331:3	332:2 334:15
142:5,17	122:22 123:7	313:20 314:4	349:15 398:13	335:21 337:6
143:16,22	125:18,19,21	314:12 315:3	417:13 421:23	344:5 347:23
150:19 157:8	126:12 127:21	342:4 394:4	428:4 430:2	348:1,2,14,19
157:16 158:15	128:4 129:12	395:7,9 396:18	paged 214:3	349:6 351:17
161:8 165:11	132:17 194:8,9	397:3,13	pages 37:12 72:9	355:9 356:17

357:10 368:12	278:12	413:4,20 414:8	292:24 296:2	pen 113:20
375:2,12 378:1	parens 132:15	415:18 417:4	patients 13:18	penetration
380:15 381:13	parenthetically	418:9 419:20	33:10 40:9	197:1
391:12 393:5	98:3	419:22 420:3	170:19 200:6	Penninkilampi
399:23 400:18	parietal 274:21	420:10,16,17	202:1 260:14	171:13,17
400:20,24	parity 119:7,17	422:24	290:18 292:3	172:3 174:17
401:15,24	Parsed 120:7	particular 77:5	292:11 296:11	254:22 255:14
405:7 406:3,3	part 27:16 40:10	78:19 83:4,7	298:24 299:4,9	256:5
406:12 407:19	57:7 67:14	100:7 310:9	310:2	people 17:4
407:20 408:14	75:19 120:15	345:22 361:5	pattern 263:19	34:20 40:15
409:17,18,22	120:17 131:24	particularly	pause 283:19,22	52:11 79:10
410:5 412:7	133:12,12	42:21 302:10	283:22	82:4 171:2
413:19,23	199:19 257:3	305:11 309:18	PCR 360:5,12	196:16 236:23
414:2,23 415:4	277:4 309:18	335:14 377:12	367:9,12 370:1	237:8 275:19
415:6,8,17,21	335:14	414:11	371:15,16	per- 280:18
416:12,15,18	partial 165:9	particulate	379:14,15	percent 82:3
417:6 418:8,17	participants	55:19 56:24	381:6 403:22	83:21 113:5
418:24 421:2	71:19	132:15 193:16	Peachtree 3:4	116:3,4 117:10
422:7	participate 75:5	particulates	Pearson's	146:9 231:2
papers 16:11	242:20	127:3,19	214:12	249:4 283:1
42:4 44:12,13	participated	130:12	peer 188:1,2,18	332:12
44:17,19 73:22	76:19	parties 426:14	188:21 330:3	percentage
74:1 103:2	particle 5:23	party 344:4	peer-review	14:14 223:13
106:22 128:19	55:5 86:3,22	passage 123:14	187:17 318:16	223:19 225:8
173:10 208:18	193:21 214:11	156:12 309:1	318:18 327:13	225:11,14
224:22 244:10	217:9,11 218:1	passenger 310:7	peer-reviewed	perfectly 174:3
244:12 245:1	particle-sized	pasted 368:22	107:10 142:14	perform 14:6,11
248:17 327:21	420:6	patency 136:8	162:19 166:15	39:22,24 43:21
337:9 388:6,9	particles 7:22	pathogenesis	183:6 215:7	65:5 66:9
388:12 420:19	9:13 30:12	8:20 133:3	312:13 326:20	107:18 340:17
422:18,23	31:3 32:11	152:5 302:19	327:12 329:24	performed
Paradigms 6:11	55:18 56:3	303:4 314:5	359:19 360:23	60:24 107:13
247:2	86:13 122:21	395:8,11	362:15 375:1	210:10 286:7
paragraph	123:5,24	397:14,23	383:9 388:16	340:18 344:24
164:5 178:6	126:11 134:15	Pathogenicity	391:23 394:9	345:24 360:6
180:11 181:19	192:14,16	8:24 401:14	peer-reviewer	360:12 361:6,9
183:2 200:3,4	193:24 196:17	pathology 6:3	351:11 387:7	362:6,15
220:12 256:23	200:14,24	211:2	peer-reviewers	404:22 405:1,4
263:15 264:18	201:17 210:5	pathway 133:19	347:14 350:19	409:24
268:12,24	213:20 214:14	197:5	351:3,8 386:23	perineal 5:22
295:7 306:9,11	215:8 217:23	pathways 163:8	387:2 413:18	27:23 60:13
309:4 330:22	224:18 225:2	patient 14:15	peer-reviewers'	96:8 117:1,8
332:15,20	226:18 227:18	44:16 101:2	331:10	118:12 122:20
333:6 347:22	228:24 297:22	139:12 199:22	pelvic 6:5	126:12 127:19
419:19	302:8 303:5	280:12,16	118:13 134:6	132:14 142:16
parallel 178:9	305:10,11	281:10 283:4	135:7 137:7	183:9 197:11
parenchyma	410:18 412:22	284:1,20	157:11 169:17	197:15,22

198:6 200:15 201:18 235:11 255:1 270:24 278:13 279:5 279:15 perineum 96:22 126:20 127:4 129:12,22 215:15 218:21 218:24 219:8 220:24 222:9 226:6 272:15 273:4 280:14 280:18 283:6 period 120:12 138:5 189:2 223:15 276:20 periodically 243:14 periods 119:8,19 peristaltic 226:21 peritoneal 122:22 123:7 126:12 127:5 190:23 194:16 195:3,6,7,24 196:3,24 269:7 273:11 274:11 274:15,17 275:1 peritoneum 132:17 273:22 permanent 147:24 permit 210:5 peroneal 180:2 180:11 184:4 peroxidase 410:11 peroxidation 9:7,9 413:15 person 74:14,24 79:20 81:6 389:18 personal 3:2 426:9	personally 37:6 301:23 perspective 147:17 202:7 312:8 339:10 perspectives 247:15 persuasive 123:23 pertinent 295:22 pesticide 101:3 petition 73:3,4,5 Petitions 4:18 Ph.D 1:15 4:8,10 8:3 10:9,13 13:16 80:22 429:15 phagocytize 193:18 pharmaceutical 410:20 412:24 Pharmacology 7:20 phenom- 340:4 phenotype 309:11 350:1 phenotypic 397:17 phone 328:3 phrase 197:18 258:7 396:3 phrased 343:12 343:13 physical 146:7 192:5 physician 11:22 291:17,19 292:1 physicians 154:23 physiologic 130:24 physiology 216:4 221:23 pick 172:15 173:13	picked 172:17 172:20 173:2,6 173:18 174:8 picture 26:11 296:4 308:13 pictures 372:19 PID 135:8,15 158:12,14 170:17 piece 418:13 pieces 363:15 place 1:17 102:16 173:11 placed 126:19 218:24 placenta 228:7 plaintiff 11:19 35:17 36:6 45:13,21,24 88:5 Plaintiff's 4:12 plaintiff-funded 316:17,22 317:4 318:8,21 319:7,16 320:21 322:6,9 322:23 plaintiffs' 2:2 26:1 35:23 43:19 206:24 213:1 221:13 424:14 plan 13:3 plate 413:13 platy 146:6 plausibility 26:1 26:11 27:5,13 27:15 36:2 41:10 51:13 66:5,12,21 90:22 92:7 93:7 94:1 145:2,21 283:14 plausible 29:19 29:23 30:4 91:2 92:13	126:10 132:14 200:15,16 201:1,18 218:18 219:1,4 219:7,13,21 267:5,14 274:24 277:24 278:17 279:12 play 57:24 346:8 plays 55:10 61:17 313:7 314:13 395:10 397:13 Plaza 2:8 pleasant 350:17 please 61:4 90:7 103:15 114:10 115:18 217:2 262:9 269:11 288:16 314:2 333:2 427:3,8 plenty 323:4 387:18 pleura 197:2 274:21 pleural 194:4 195:21,23 196:18,23 260:14 273:11 274:9,14,18 278:13 279:4 297:23 pleurodesis 87:1 259:12 260:7 260:20,24 293:14,18 294:4 296:5,11 298:24 299:4 PLLC 2:15 Plunkett 39:5 point 17:20 34:19 75:18 105:10 140:2 177:6 230:18 230:19 272:12 273:1 283:10 306:16 307:15	313:19 337:16 340:11 343:4 369:8 395:15 pointed 57:20 296:18 points 228:14 386:20 395:14 polarized 210:6 polarizing 6:4 politically 68:18 politics 68:11,13 polycystic 119:9 119:13 169:16 polymorphisms 156:5 Poole 248:7 poor 356:4 poorly 385:10 portal 125:1 portion 125:8 187:16 188:17 pose 410:20 412:24 posed 413:20 poses 123:15 position 19:2 30:23 74:18 225:23 226:3 324:10 positions 74:11 74:16 positive 142:16 183:9 271:6 275:21 positively 137:8 possess 46:18 possibilities 160:7 possibility 129:2 139:5 191:21 209:18 219:19 222:8 possible 18:19 19:9 40:6,20 83:13 123:13 134:3,13 135:24 179:20
---	--	--	---	--

219:20 222:22	91:4,11,21	289:19 291:21	preparations	421:17
223:7 225:20	92:7,11 96:5	292:11 297:2	295:10	prevalent
226:9,11,15	96:19,21	300:15 301:2	prepared	120:10,16
235:18 236:10	101:21 102:3,7	325:11 326:1	232:23	prevention
248:5,11,22	102:17 109:7,8	327:2 338:20	preparing 23:19	155:21 247:5
256:24 266:2	116:14 117:2,9	342:11 343:8	preprint 47:9,12	247:13
267:10 269:3	120:9,22 121:5	348:2 359:6,10	47:14 316:24	previous 12:4
269:17 279:19	121:11 130:9	378:13,20	321:2,5,13	26:18 77:8
417:14	134:5 138:18	395:19 398:18	prescreens 12:3	133:15 232:22
possibly 117:2	140:1 169:18	399:7 400:12	presence 88:10	233:13 256:6
235:12 242:1	169:20 171:12	417:15,20	95:3 146:8	387:24 388:8
332:24	172:2 173:4	420:6,16	201:14,21,24	418:22
poster 355:6,15	175:14,18	powder's 91:7	202:9 203:13	previously
391:6,10	180:3 184:5,6	Powdered	267:4 287:11	26:22 31:16
posters 355:17	187:12 189:19	199:21,21	300:14	282:17 334:6
potential 90:4	190:2,17	powders 122:4	present 124:1	359:19 362:16
90:11 92:2	192:14 198:5,6	146:12	165:21 268:17	363:15 388:21
127:3 129:3	199:12,22	power 180:12	297:14 346:10	primarily 14:2
130:21 131:1	200:4,11	powered 139:4	presentation	93:13
131:21 172:2	218:24 219:8,9	powerful 145:15	355:1 390:18	primary 9:6
180:15 184:3,8	222:7,9,21,22	practice 6:15	presentations	35:21 76:20
187:6 214:9	225:17 226:6	190:1 232:14	41:10	309:8,20 358:2
238:24 336:13	226:11 230:10	232:18 254:8	presented	375:17 376:2,3
344:14 346:8	230:13,15,20	PRACTICES	181:23 340:16	399:11
potentially	230:24 231:13	1:5	354:20 388:23	principles 4:23
101:1 169:18	232:13,24	pre- 111:18	391:6 414:6	53:20 71:19
169:21 171:11	233:24 234:9	345:14	424:12,15	printed 53:16
173:4 175:14	235:12,12,23	pre-print 47:2	presenting	printing 369:18
175:18 181:23	236:1,6,24	preamble 71:7	111:17	prior 11:9 49:10
powder 1:5 6:8	237:8,14,18	148:17,18,22	presents 200:5	66:13 295:12
6:9 7:4,14 8:6	238:2,18	precisely 274:13	preserve 210:4	389:3
10:8 11:1	240:14,22	precision 138:15	president 213:6	privy 20:10
17:22 24:6	241:7,8,12,13	predict 44:9	pressure 178:11	probably 11:10
25:10 26:2	259:20 260:9	predicted 229:3	227:1,4 228:4	14:21 23:20
27:24 28:5,9	260:13,18	preface 247:7	pressure's 228:7	24:22 75:8
28:13 29:1,8	261:2,3,18	prefaced 110:12	presumably	80:14 82:3
29:18 30:3	265:6,7,18	preferentially	128:16	150:6 158:14
31:23 40:5	266:1,9,11,15	229:11	pretty 16:2,12	162:16 173:17
41:2 55:2,10	272:14 273:3	pregnancy	38:16 47:16	212:11 214:3
56:23 57:16,22	273:12 276:18	131:1 169:13	49:8 89:22	223:19,22
58:4 60:24	280:13,17,21	227:13 228:6	94:22 150:15	228:21 229:15
61:7,17 63:17	281:6 282:14	preliminary	153:22 178:24	259:13 264:4
83:3,8,11,18	283:6,12 284:1	414:6	181:8 191:18	272:4 316:9
84:3,6 86:3	284:17 285:21	premise 411:14	194:11 197:3	329:15 355:18
87:11 88:3,11	286:8,20	411:18	221:18 236:14	387:15 392:11
88:21 89:1,19	287:12,14,22	preparation	256:5 356:12	problem 105:15
90:2,10,16	288:21 289:2	75:5 210:2	396:5 397:23	228:3 269:14

301:6 310:6 318:2 353:20 371:14 problematic 75:8 228:10 procedures 14:6 proceedings 426:6,11 process 81:2 106:18 137:19 161:9 179:12 187:17,24 259:13 278:13 300:3,5 313:3 369:18 393:14 394:9 398:1 processes 174:3 190:22 produce 93:9 produced 164:7 product 7:9 18:21 59:7 60:15,18 61:22 62:7,22 83:18 84:13 85:6 90:3,10 180:3 261:14 283:11 285:1,11 287:8 295:15,19 420:6 production 22:16 408:19 products 1:5,6 3:2 7:4 27:24 28:9,13 29:18 30:3 54:9 58:6 58:8,10 60:6 61:1,8 62:13 96:2 146:11,12 184:5 197:22 235:22 236:13 237:1,10 241:6 241:11,20 284:8 287:2 301:4 410:20 411:3 412:24 professional	102:23 242:10 professionally 103:1 profile 82:6 program 235:17 374:13 389:7 390:5 progress 132:19 progression 147:2 156:1 164:12 314:13 342:6 346:5 project 79:10,18 185:10 proliferation 134:19 163:10 164:15 344:23 345:3 349:17 362:6 406:22 proliferative 150:21 151:9 421:8 prolific 73:19 prominence 307:22 promote 122:5 135:16 promoter 147:14 promoters 147:13,20 304:24 promoting 152:17 promotion 147:1,16 pronounce 227:8 pronounced 295:2 proof 112:13 113:2,3,3,6 proper 114:9 properties 7:22 302:7,19 303:4 proportional 145:24	proposed 29:16 30:1 134:2,9 279:12 proposing 158:11 269:16 279:22 propounded 429:9 prospective 17:21 138:24 140:8,19 prospectively 18:2,5 protected 414:12 protective 129:2 protein 135:23 248:4 383:2 proteins 346:22 protocol 358:18 prove 59:12,13 59:14 60:11 61:1,8 301:10 301:14 proven 58:11,18 58:24 59:24 60:1,6 232:13 proves 59:7,8 60:18 62:24 provide 26:18 34:15 35:4 42:6 43:2 50:23 53:1 75:16 113:19 144:18 156:10 229:23 267:5 337:2 provided 20:7 20:11 42:3 78:8 88:14 107:9 283:2 286:21 295:18 396:15 provides 361:20 providing 17:13 27:3,4 32:5 74:19 75:13	76:3,4,8 90:20 PTI 3:7 pub- 51:2 public 1:22 49:14,19 51:3 63:17 121:3 189:2 426:20 429:22 publication 16:17 332:8 337:6 publications 76:11 77:9 80:14 312:14 388:1 publish 34:3,4 162:14 published 15:15 15:18,21,24 47:1,3,9,17 48:20 52:3 67:7 69:16 73:22 79:19 82:16 102:2 106:9 119:11 150:5,7 153:6 165:6 167:13 169:3 186:7 208:16,21 211:10 215:7 224:2 239:12 240:5 243:6 244:19,22,24 245:7,13 250:9 252:23 253:13 254:7,13,17,22 256:18 289:11 319:3 320:2 321:4 334:5 342:15 348:5,9 348:14,18,19 356:19 357:10 360:23 362:16 366:16,18 368:12 369:7,9 370:7 375:1 388:16 394:1	396:9 398:3 399:7 400:8,10 400:24 401:18 413:22 414:2 415:5 publishing 77:6 79:4 107:5 399:11 PubMed 44:4 233:4 pull 42:5 44:14 348:17,18 381:9 pulled 20:12 41:24 42:2 81:12 pulling 369:9 pulmonary 410:21 413:1 413:20 pump 226:21 pure 85:1,10,14 89:12 242:9 257:22 259:4,4 261:1 312:2 purer 146:9 purified 85:8,10 295:10 purpose 13:1 72:24 200:1 211:8 243:9 341:5 363:20 375:12 pursuant 1:15 pursue 108:6 277:18 purview 410:10 put 23:20 49:10 79:12 81:6 115:19 120:18 158:20,22 159:5,10 176:23 194:6 215:14 226:2 260:13 297:15 318:7 321:15 322:18 356:14
--	--	--	---	--

368:6 374:19 378:19 382:19 390:19 412:6 418:7,7 putting 125:19 148:9 220:23 222:7 252:21 260:24 380:14 Pyc 407:15 Pycnogenol 9:2 406:3	205:2 206:14 211:3,7 217:2 218:10 228:17 229:16 231:12 237:24 238:8 240:1 252:1 253:17 269:13 270:2 272:22 277:6 281:9,11 288:11 293:9 321:1 323:8 339:12 346:2 351:19,20,20 357:18 363:3 363:14,20 372:7,11 386:24 387:11 387:15,16 404:17 408:24 411:20,23 421:10,12 422:17	182:3 quotes 43:9,15	RDR 3:20 426:19 re-reviewing 52:21 reach 30:12 108:23 196:3 206:18 268:16 reached 99:4 181:11 200:23 264:18 reaches 128:15 132:16 reaching 178:24 277:24 reaction 132:18 137:20 191:13 200:8 258:4 reactive 134:21 165:10,14,20 165:24 166:9 166:17 396:16 396:17 417:17 418:2 read 36:17 52:18 73:7 87:21 108:6 155:1,1 171:24 175:21 178:5 182:9 183:1 210:17,23,24 213:17 237:6 248:24 281:13 282:23 295:5,6 295:6 302:15 304:18 309:2 342:13 344:5,6 347:21 410:15 413:11 416:12 427:3 429:5 readable 347:4 reader 158:22 173:12 readers 17:12 155:9 160:14 290:5 readership 257:9 289:7,20	330:5 reading 155:16 155:18 163:1,6 168:15 182:17 188:17 201:8 210:15 220:9 255:8 263:14 264:17 293:3 332:1 337:1 341:7 382:22 396:14 403:8 406:21 reads 164:5 291:17 real 203:18 339:12 reality 35:4 realize 95:22 really 35:20 40:10,11 51:17 52:19 61:12 65:13,15 66:11 66:20 78:4 79:8 93:14 98:6 106:15 110:17 145:18 158:1 166:3 174:9 184:21 186:4 219:21 227:4 228:10 237:13 256:4 258:11 260:14 262:4 275:16 275:21 284:15 298:24 301:1 318:8,22 327:16 358:21 364:7 373:17 379:5 399:20 399:22 realtime 1:21 80:21 81:2 306:13,21,24 334:22 360:5 reanalyzed 231:10 reason 57:7 80:5
Q qualified 80:4 80:11 82:9 273:8 qualify 259:13 quality 74:21 89:1,4,6 238:15 323:6 323:10 361:24 quantifiable 100:10 quantification 371:22 379:15 quantify 67:17 67:17 98:5,10 99:5,9 100:14 101:9 quantifying 99:16 100:6 128:13 quantitative 65:14 307:21 403:22 question 18:7 19:17 32:6 33:24 36:5 37:18 43:14 51:19 52:1 56:11,16 59:24 60:5 61:20 62:10 63:5,16 66:2 91:19 104:21 112:10 159:3 160:19 203:20 204:6	questionable 300:4 questions 146:19 178:20 244:3 293:24 306:24 423:20 423:22 424:18 426:8 429:8 quibble 396:6 quick 176:4 203:18 quite 24:21 82:4 100:10 151:22 162:16 188:23 214:21 228:12 324:2,5 421:22 quotations 121:22 261:1 quote 38:14 48:23 76:17 190:14 225:14 228:16 229:13 240:9 248:17 286:15 290:12 quoted 52:10	R R 2:1 3:1 426:1 428:1,1 R-O-S 164:6 radical 5:12 162:13 295:21 radioactive 228:9 radioactivity 227:15 radiolabeled 227:7 radioresistance 163:11 Railroad 7:9 raise 347:14 350:13,19 351:3,8 386:24 raised 40:19 139:2 293:14 294:3 393:4,14 393:15,15 raises 295:23 319:20 random 418:12 randomized 18:2,9 randomly 418:7 range 86:15 87:9 396:7 ranges 86:7 rapidly 286:4 rare 171:7 rash 184:6 rate 25:4 229:2 rates 122:9 ratio 139:11 rationale 180:10 ratios 115:5,21 raw 366:21 368:4 372:20 372:24 373:2,5 374:9,12 383:23 384:1,9		

92:12 99:9	344:14	72:16 166:2,3	regard 80:11	296:2
145:11 158:17	recommendat...	171:8 172:6	138:18	relevance 82:22
175:6 179:24	236:21 237:2	173:7 174:18	regard- 89:18	257:9 390:23
185:9,18,24	292:23 345:6	175:18 214:18	regarded 154:8	399:14 410:12
204:2 215:20	recommended	214:20 218:10	regarding 4:17	411:2,9
217:21 218:1	118:6 210:7	218:11	37:17 86:2	relevant 43:3
237:9 257:3	240:23 241:6	referenced	135:22 200:24	51:9,20,23
260:17 277:4	241:11	171:14 183:21	203:3,12	81:6 171:7
320:19 417:21	recommending	332:2	224:17 226:18	217:24 251:1
418:3 427:5	241:15 281:10	references 44:12	232:24 256:17	257:4 273:11
428:6,8,10,12	record 10:2,11	46:13 72:12	265:5 266:8	352:23 375:3
428:14,16,18	22:16 113:10	85:7 86:18	267:19 285:14	375:13,22
428:20,22,24	113:11,13	164:20 174:5	328:4,8 335:20	376:4,6,7,11
reasonable	114:3 120:5,19	213:24 214:2	356:22 365:23	376:17 377:4,7
13:10 109:3	230:3,6 282:23	240:21	417:20 419:14	377:12,13
110:7,15	306:14 310:19	referencing	regardless 89:19	378:4 411:15
158:14 292:15	310:20,22	217:22	90:18 155:8	411:19 412:12
303:23 305:19	349:9,11,12,14	referred 263:20	162:19 284:12	412:16 413:7
387:15 389:23	365:3,16,17,19	409:22	340:6 383:8	413:14
390:4 410:7	366:3 370:14	referring 34:6	region 6:5 134:6	reliable 62:20
reasonably	370:16,17,19	73:10 82:21	Regions 9:14	62:21 93:24
362:21	373:21 380:18	83:10 93:12	415:19 417:5	reliance 69:23
reasoning 214:6	416:17,21,22	94:3,23 95:13	Register/ 5:19	relies 144:7
218:3 256:14	416:24 423:14	111:22 143:16	Registered 1:20	rely 286:16
256:22 387:19	423:15,17	175:20 264:6	regularly 140:2	326:15
reasons 99:15	425:1	266:22 267:2	regulatory 48:7	remain 193:12
199:13 200:10	recruited 34:15	293:21 336:12	rejected 321:10	remember
296:14 338:5	recruitment	352:6	351:17	24:21 37:9
reassure 280:13	75:15	refers 95:12	relate 221:9	82:5 87:22
recall 87:12	recurring	137:5 220:22	related 91:15	88:3,4 148:20
103:7 142:6,24	157:20	352:7	119:11 241:19	153:9 231:24
179:14 227:6	red 174:15	refine 61:11	378:24	277:6 282:4
227:11 229:7	redox 334:18,22	397:7 402:23	relates 1:7	317:22 323:21
242:7,9 249:8	344:14 346:8	refining 399:19	106:13 264:12	324:5,13,20
264:4 286:1	346:21	reflect 299:23	relating 220:17	325:1,6 340:18
311:19 317:16	reduce 137:10	368:4	400:12	345:12 347:22
325:15 345:3	137:12	reflected 387:3	relationship	418:24
346:15,16	reduced 407:15	reflective 349:4	5:22 40:16	remodeling
388:12	426:9	369:6	131:5 141:6,12	137:23 157:12
receipt 427:17	reduces 9:2	refresh 281:16	249:12 250:7	158:13
received 20:2,6	reduction	311:16,16	293:18 378:7	removal 200:10
401:5,21	117:23	317:14	404:10	remove 193:16
recess 230:4	refer 46:13	refute 407:20	relative 116:4	removed 193:21
recognize 68:6	106:8 234:13	409:1 420:20	307:12	395:19
154:24 155:6	248:16	421:12	relatively 30:19	render 371:23
406:5	reference 7:16	refutes 408:4	30:20 261:1	repair 122:10
recognizing	42:1 43:2	409:11 422:18	release 137:21	137:23

repeat 61:4 90:7 241:9	reporter 1:20,21 3:20 10:11	253:11 301:24	respective 77:22 80:11 82:9	387:3 421:12
repetitive 97:10	56:12 98:17	request 21:22	respects 125:9	retired 213:10
rephrase 104:21 262:10	124:10,15	requested 340:17	respiratory 200:7	retrograde 123:4,14
rephrased 79:17	198:18,23	requests 4:13 22:2	respond 161:15	195:16 223:14
replaced 346:21	212:18,19	research 6:11	response 4:12	224:10 225:9
replications 307:13	244:14 426:20	14:15,20 15:6	32:13 49:14,20	return 427:15
replicative 150:23 151:11	reporter's 24:3	15:13,21 16:3	72:4,14 73:2	Reuter 5:14
report 4:8 12:5 13:9 19:23	reporting 160:13 170:9	67:14 101:20	132:18 134:16	162:7
20:14 25:16,24	172:1 234:19	101:24 152:3	156:2 189:3	reveal 62:19
27:10 30:13	234:20 292:16	243:20 246:4	191:6,9,11	103:15
32:5,17 35:20	303:7	247:2,14	250:3,18,23	revealed 316:24
36:24 37:15	reports 7:14	249:10 307:7	251:10 252:9	318:22 319:1
41:19 42:12,15	36:18 42:3	311:1 316:18	339:21 340:1	319:23
43:10,16 44:24	48:6 86:9	316:22 317:5	380:6,21	review 5:12 8:19
47:4,13 65:2,7	158:12 282:4	317:17 318:8	383:11 414:7	16:14,22 17:14
65:24 66:11,16	286:2 287:10	318:22 319:8	417:21	24:20 49:13
82:19 87:21,22	287:21 288:18	319:14,16,20	responses	50:1,16 51:23
88:1,6,9,15	402:7	320:21 322:6,9	152:18 303:6	53:2,8 65:10
93:14,15,16	represent 368:21 370:8	322:10,15,21	303:21 416:6	70:6 72:6
95:21 106:7	representative 90:17	322:23 323:4,6	responsibility	89:16 101:16
107:4,9 120:21	representatives 328:4	323:9,10 324:1	14:24 67:15	101:20 106:16
194:7 201:4,9	represented 245:17 369:5	324:15 325:2	296:2	107:6,14,19
201:10,12	represents 426:10	333:24 365:22	responsible	108:7,8,15
203:5 205:14	reproducible 91:17 110:14	388:23 392:2	74:20	126:9 149:2,3
205:18 208:14	reproductive 8:13 31:4	392:21 393:9	responsive 22:2	150:2,12,12
211:9 214:1	119:12 123:6	407:20 414:15	rest 82:5 132:2	154:2 157:22
220:14 232:23	125:1,9 129:13	420:20	132:10 365:9	157:23 158:6
234:18 238:17	194:12 216:3	researcher 13:16 35:10	Restaino 2:11	158:20,21
238:20 246:3	221:23 321:11	73:19 325:9	2:13	160:4,12 162:7
247:12 251:24	329:22 341:3	337:23	result 135:14	163:2,13,21
281:13,22,24	356:10,18,21	researchers 75:15 78:7	152:14 332:11	166:15,24
282:23 288:4	389:21 391:20	210:10 314:12	426:15	167:19 168:10
288:12 289:1	reputable 67:20	314:18 325:24	resulting 257:1	169:2,24 173:3
289:11 304:17	67:23 242:2	355:12 362:5	309:11	174:4,4,13
316:2,5,7,9,11	394:12	resembles 137:19 332:16	results 65:21	187:24 188:1,2
320:20 322:6	reputation 77:15 162:17	333:6	285:17,20	188:18,21
330:18 424:6	213:4 253:8,10	resistant 344:23	335:10 339:9	202:24 232:19
reported 97:18		345:23	351:13,23	238:20 241:3
115:5 161:16		resisting 150:22	357:14 367:24	242:22,24
233:14 238:14		151:10	371:8,24	243:3,4 244:5
248:11 249:3		respected 154:14 304:8	372:18 374:23	283:15 284:7
359:19 400:10			375:3,13	284:24,24
			378:12 379:2	291:24 300:1
			380:5 382:22	305:21 327:21
			384:10 386:4	327:24 328:9
				330:3 333:4

348:15 364:3	339:11 341:8	156:24 157:8	375:17 376:18	248:13 249:4
384:1 389:8	343:2	161:14 163:4	377:5 378:10	249:17,22
392:7 393:14	reviewers	166:18 167:14	380:17 381:1	255:2 264:20
393:24 394:1,7	171:15 173:22	168:14 171:13	382:12 390:24	274:6 278:5
394:12 395:6	173:23 174:7	175:15,22	399:11 403:7,8	283:13 284:8
396:9 398:4	174:16 187:21	179:1,7,16,22	403:9,23	295:11 297:13
399:10,14	242:23 328:12	180:6,8,24	404:19 407:3	307:14 410:20
400:8	328:13 332:3	181:4,24	412:4 417:7	413:1,20
review-type	332:21 333:9	183:17 187:2	419:8 420:4	414:12 417:16
16:11	334:12 350:13	188:11 193:17	421:5	risks 4:21 67:16
reviewed 35:21	352:9,12,15,18	201:22 203:14	right-hand	200:5 236:14
36:10 42:16	354:14 355:22	207:2,12,21	199:20	238:24 239:1
48:6 49:22	356:21 389:11	208:6 210:12	Rigler 7:5,11	241:19
50:9 51:15	389:22,22	210:22 211:10	rigorous 336:5	RNS 396:17
61:14 67:1	390:10,22	211:18,24	rise 191:22	road 2:15 89:15
71:7 158:17	391:16,21	212:9,22	195:2,2	305:21
184:16,20	392:14 393:3	215:11 220:11	risk 8:6 28:1,5	Robert 8:10
202:5,14	393:10 398:2	222:11 230:11	51:9 53:9,22	Robinson 1:20
235:17 266:11	reviewing 37:11	230:14 231:6	53:24 54:8	2:8 3:20 10:12
267:23 268:9	64:1 90:15	232:10 233:6	55:10 59:9	426:19
273:17 283:10	202:20	234:24 235:7	62:3 63:17	robust 141:6,12
332:3,4 375:17	reviews 17:3	235:14,19	90:21 116:4,16	Roggli 295:3
389:2 391:16	30:15 155:18	236:11,21	117:10,23	role 8:20 9:6
391:18,21,22	155:19	241:21 245:8	118:3,5,11	53:22 55:10
409:19 416:3	revise 337:11	246:19 248:23	119:6,10	57:12,24 61:17
418:17 424:5	371:10	249:17,22	120:12 121:12	66:6 74:6
reviewer 328:16	revised 333:2	252:23 253:16	123:16 130:10	89:17 90:22
329:4,21	revisited 256:6	256:18 258:21	133:17 134:4	92:7 269:3
331:16,22	riddled 310:5	261:14 263:22	134:17 136:1	289:18 313:7
332:5 333:12	right 10:23	264:6 270:13	136:21 137:9	313:16 314:13
334:10,10,14	12:14,15 13:7	277:1,14	137:12 139:4	336:13 346:9
335:7,8,12,16	14:19 17:14	279:15 282:20	156:24 157:4	346:23 355:17
335:20,24	19:15,23 23:1	288:22 298:10	158:15 169:10	395:7,10 396:4
337:5,15	25:5,7 26:3	299:17 300:11	169:11,21	396:4,16
341:18 342:3,8	35:10 36:22	303:9 306:3	170:16,22	397:14
342:24 343:15	42:12,17,18	315:14 317:19	171:11 172:2	roles 75:4
343:17 344:6	44:10 52:5	318:4,17 321:4	173:4 175:18	roman 182:12
344:12,18	58:7 64:14	326:2 329:23	180:14 181:17	Ronald 244:19
345:6 347:11	65:3 67:2,4,7	330:1 336:2	181:23 230:10	ROS 164:6
347:22 351:21	67:11 74:1	344:11 345:1	230:14,20	396:17 406:23
353:2,6,12,13	75:1,2,7,22	345:13 348:16	231:1,13,23	408:9,12,13,20
353:16,22	80:5 94:15	351:6,14 357:3	232:24 234:10	417:17
356:1,3,9	99:6,10 106:19	360:7 363:2,17	234:11,19	Roughly 188:8
357:2,6 387:8	106:20 111:1,4	364:7,18	235:23 236:1,7	route 130:13
391:19	118:18 122:14	366:12,19	236:11,16	269:20 270:5
reviewer's	133:11 134:1,9	367:13 368:6	238:23 239:3	279:13
336:22 339:1	149:24 150:11	368:14 369:12	247:23 248:6	routes 278:23

regularly 106:15	365:22 366:12	218:1 234:17	112:17 188:1	section 35:24
RPR 3:20	382:22 383:5,9	235:24 236:6	242:10 292:19	70:11,17 84:3
RSCI-18-671	386:15 387:23	236:15,16,19	315:22 336:5	112:7 164:3
8:14	387:24 393:5	242:7 251:16	390:22	169:9 177:24
RT-PCR 334:23	394:1 407:20	270:3,11	scientifically	181:22 247:21
360:5	409:1,11,21	275:10 293:7	40:10 65:8	247:23 249:16
rudimentary	420:20 421:13	303:12 305:9	scientist 33:9	249:21 316:14
87:7	422:18	317:9,23	65:13 82:8	355:15 414:22
rule 191:20	Saenz 45:18	318:24 336:22	109:3,4,6	sections 131:15
200:2	Saenz's 47:17	342:24 343:2	110:7,7 168:5	secure 197:3
ruled 180:16	48:18 49:10	346:16 350:17	219:5,6 280:4	see 13:18 18:24
rules 19:15	52:5	372:18 376:7	300:11 322:8	18:24 35:23
76:18 291:14	safe 58:11,15,18	384:10 392:15	scientists 34:20	44:13 47:5
running 253:12	58:24 59:7,14	says 58:15 98:19	79:24 81:4	48:17 50:22
rushed 422:10	59:24 60:6,15	115:23 150:11	108:22 110:15	53:16 65:1
	60:18 61:1,8	152:2 175:14	150:14 154:23	82:7 87:1
S	61:22 62:7,14	200:4 235:19	168:20 181:15	89:22 91:14
s 2:1 3:1,8	62:22 63:1	280:16 283:4	185:3,10 186:1	143:11,11
301:17	87:18 232:13	319:14 333:20	202:19 207:18	148:15 157:9
S-O-O-D 244:17	232:20 280:14	334:3,15 335:8	208:3 290:14	158:23 167:18
Saed 8:3,10,16	280:17 283:5	347:23 381:13	307:11 308:2,4	187:22 199:12
8:21 36:3	284:1,20 285:1	403:9 406:17	308:18 313:6	204:20 205:24
38:18 46:2,6	287:7 296:3	410:15	313:23	206:4 211:13
94:9 304:14	313:11	scanning 6:4	scored 390:10	214:17,17
310:24 320:16	safety 293:14	scar 191:17,22	scoring 390:17	215:3 234:6
321:7,17	294:3 295:24	schedule 22:22	Screening 4:15	236:8,12 243:5
326:12 332:1	SALES 1:5	25:4 97:22	se 66:10 106:7	258:8 265:1
333:10 334:5	sample 138:17	scholarly 77:9	294:20 297:21	267:13 282:13
338:18 339:18	286:20	science 69:2	299:24	282:14 286:10
340:9,15	samples 7:10	110:13 158:24	Seaport 2:20	288:1 292:1
342:16 346:13	76:3 100:23	241:24 243:16	search 15:6 44:3	293:21 299:12
357:15 360:18	283:2 284:17	243:20 246:4	44:6	317:12 325:22
360:22 361:6	286:21 360:7	246:13 248:2	searches 43:21	327:14 331:9
362:5,16 373:6	Samuel 4:17	251:6,7 252:22	searching 44:1	340:22 355:6
374:14 388:22	Sandra 6:6	257:5,8 280:8	second 120:17	355:16 357:2
398:17 399:6	sanitary 96:14	322:17 424:9	128:23 131:23	359:12 381:9
409:24	222:21 223:10	Sciences 8:13	155:5,19 164:5	381:12 382:7,7
Saed's 46:23	saved 44:19	321:11 329:22	176:12 180:5	386:21,22
47:5 304:10,11	saw 47:2 52:4	356:10,18,22	235:8,9 254:19	402:16 403:5
311:3 316:17	53:15 174:17	391:20	275:14 309:4	403:17 405:1,5
316:22 318:7	227:14 317:11	Sciences-Engi...	319:22 331:13	409:20 413:11
319:15 320:20	322:4 394:3	6:13	332:20 344:21	419:3 422:7,10
322:5,21	416:2	scientific 13:11	347:21,22	422:11,12
323:22 324:13	saying 56:4	26:13 41:11	418:1	seeded 359:5
334:15 335:21	59:19 65:16	67:20 68:1	Secondary	seeing 88:3
347:15 348:1	92:10 173:1	77:15 81:5	276:8	229:7 231:24
349:6 357:9	204:8 215:19	96:24 107:1	secretory 358:7	282:4 340:19

seeking 353:18	sensitivity	sex 219:8	283:11,11	significantly
seen 21:20 49:23	295:18	sexual 219:14,15	286:20,20	147:12 383:2
50:10 69:19	sentence 150:21	222:10 269:3,5	showing 93:24	419:22
85:7 93:10	152:2,8 164:16	269:6,17,24	228:24 283:13	signing 427:10
148:6 153:20	169:11 200:3	270:3,9,16	shown 117:11	silicate 295:23
167:2 169:5	247:11 256:23	279:12	118:5 127:20	similar 65:2
208:20 209:7,8	302:21 303:15	SEYFARTH 3:3	136:20 137:12	71:21 250:1
240:12,18	307:11 344:12	SGO 102:14	159:17 272:10	343:17 391:12
241:5,10,14,15	344:21 346:4	213:7 329:9	280:22 283:16	396:8
241:16,17	407:10,11	354:19 389:22	284:16 285:17	similarity
258:7,12,13	411:6 412:7	390:5,21 391:7	285:20 301:7	250:18 251:20
261:13 266:19	414:16,17	393:11	349:16 406:18	similarly 295:21
268:7 285:13	417:12	shaken 96:14	shows 93:22	Simone 5:14
285:16 287:21	sentences 163:7	shakes 46:22	348:2 367:12	simple 142:24
288:17 320:6,7	248:15	98:17	370:23 421:2	simply 292:16
328:16 329:16	separate 175:19	share 83:18	Shukla 8:24	295:24 420:11
332:9 373:5	272:22 317:6	shared 302:1	94:5,6,7	Singh 39:19
409:18 415:6	separated 20:23	shares 361:21	400:18,20	single 296:19,20
sees 308:13	178:10	shave 306:7	407:19,24	309:23 363:18
selected 76:11	September	SHAW 3:3	sic 195:20	sitting 32:9
175:1,9 246:5	12:20	sheet 295:23	245:12	232:9
251:5 334:21	sequence 309:13	427:7,9,12,15	side 199:20	situ 210:7
selective 280:8	sequencing	429:11	229:11	situation 11:5
self-care 184:5	310:3	shipyard 279:3	sides 313:23	155:3 179:23
self-generated	sequitur 270:15	SHKOLNIK	Siemiatycki	185:3 318:9
229:4	series 113:15	2:15	38:19	321:20
self-proliferat...	208:21 211:17	short 253:24	sigma-produced	situations 101:8
362:7	serious 330:19	347:7 423:11	83:5 85:7	160:2
SEM-EDX	331:6 332:17	shorter 346:19	sign 427:8	six 254:18
210:7	333:6 350:14	shorthand 426:8	signal 91:13	264:20 389:11
send 73:4	350:20 351:4,8	show 62:13	signaling 150:22	389:22
senior 17:6	371:14 393:4	91:13 93:19	305:4	size 86:3,22,24
74:18 79:5	seriously 173:17	94:15 160:5	signalling 151:9	123:24 138:17
sense 16:8 35:12	173:23 202:6	202:9 231:17	Signed 426:17	192:14,18
41:4 52:18	202:13 385:13	238:17 279:23	significance	217:18
54:6 68:11	serous 121:12	301:21 340:4,5	140:8 337:16	sizes 86:8
71:5 72:23	serve 40:7 41:3	344:13,15	339:23 341:12	Sjösten 127:10
75:6 84:1 85:4	served 320:16	345:2 378:12	341:19 350:15	127:11
92:22 95:12	serves 124:24	380:20 383:10	353:13 382:15	SKADDEN 2:22
96:22 108:24	Services 10:4	408:13	significant	skin 147:10
112:17 149:24	serving 25:9	showed 304:22	42:22 121:21	skip 152:7
152:20 157:20	104:6,10	Shower 7:4,4	142:16 164:8	SKOV 383:1
163:21 164:17	setting 55:12	56:23,23 58:5	183:9 231:6,18	SKOV3 357:16
165:19 201:6	413:13,13	58:5 86:3,4	269:2 332:10	370:24 371:4
218:8 220:21	seven 360:13,13	120:22,22	357:18 381:14	378:1 382:4,4
221:4 223:12	365:5,10	261:9,9,13,13	383:21 387:13	382:12
Sensitive 398:15	severity 156:4	261:16,16	403:18 404:18	SLATE 2:22

slightly 234:19	79:13 308:13	297:22 305:23	300:5,20	stability 371:20
slow 7:17 255:24	somewhat 26:24	306:15 364:3	344:21 351:21	stable 309:10
349:20	72:24 75:8	413:13	397:13	stand 98:23
small 22:16 70:5	126:5 299:24	sought 34:21	specifics 219:16	stand- 26:5
116:15 255:2	Sood 244:13,17	sound 12:11,14	specimens 75:10	stand-alone
268:17	245:8	108:4 167:14	75:13,16 76:8	342:20
smaller 86:13	soon 105:18	303:23 317:19	78:9 202:10	standard 86:24
smelled 87:19	sophisticated	318:9 343:7	211:2	144:4 361:21
smells 84:13	150:15	389:23 390:24	spectacular	362:21 399:21
Smith's 38:15	sorry 11:12 22:9	406:4 422:14	174:9	standardization
38:16	22:15 46:1	424:9	spectrum 113:4	364:4
Smith-Bindman	64:20 70:4	sounds 12:15	304:18 307:24	standardized
39:11	73:9 78:3	67:11 70:23	323:7 420:13	362:23 363:4,8
smoke 100:10	110:23 116:22	92:10 97:11	speculate 291:3	363:16,21
100:11	124:14 130:5,7	108:5 160:9	341:11	364:2,16
smoking 118:1,3	132:1 138:11	264:1 364:9	speculating	standards 107:4
145:4 169:14	139:18 141:7	390:4 392:10	256:13 291:10	standing 96:13
170:16,20	151:2 152:24	source 73:16	344:10	96:23 222:6
301:14	162:8 165:4	96:12 100:20	speculation	standpoint 26:6
Smooth 7:16	171:21 175:10	143:1 171:17	413:10	35:3 90:19
Snow 1:16	177:2 182:11	172:4,4 242:2	speculative	259:14 300:20
SNP 341:19,19	204:5 217:1	sources 397:3,8	336:14 342:12	starch 192:17,24
350:15 353:14	230:12 239:9,9	397:9,10	spent 23:19 36:3	start 18:5 141:8
354:15,18	249:18 254:2	SOV3 367:18	57:19	192:8 213:2
361:6 391:6	256:2 260:2	space 427:6	sperm 213:19	302:24 316:12
SNPs 347:7	271:15 306:13	speak 355:8,12	214:13,18,21	331:22 337:23
353:13,17,23	320:11 330:10	speaking 114:8	215:8,8,14,22	364:20 376:22
354:8	330:21 354:1	154:21 196:15	216:2,9,17	376:24 416:13
so-called 286:11	357:2 369:1	291:6 298:7	217:4,8,11,19	418:19
societies 68:22	372:18 381:11	321:7 373:13	217:22,23	started 304:14
society 6:8 233:7	395:12 401:5	399:2	218:2,10,14	starting 150:20
233:19,23	402:14,23	special 123:15	225:2,2 228:24	151:6 163:7
234:8,21	403:1 407:9	species 134:21	229:1,2,10	state 1:22 114:2
236:22 329:9	415:11,13	165:11,15,21	spermatozoa	115:8 180:11
341:3 389:20	424:2	165:24 166:9	214:6,23	188:21 200:9
390:3	sort 12:2 35:3	166:17 396:17	215:10 218:8	201:4 207:20
Society's 234:6	40:14 43:4	396:17 418:2	spleen 194:7	208:5 243:15
SOD 360:19	54:21 55:1	specific 34:3,14	split 131:24	243:19 246:3
370:1	62:1 67:16	76:14 118:2	sponsored	247:14 248:2,2
SOD3 360:9	68:16,23 74:17	136:2 236:14	247:12,18	251:5 252:22
370:1	89:16 103:12	248:8 356:7	spot 306:20	268:23 312:20
soft 349:3	108:7 145:13	specifically	331:1	322:5 350:7,8
software 374:12	145:22,23	37:16 76:21	spouse 100:17	352:9,12,15,18
soluble 192:24	148:7 149:2	88:9,22 150:18	spread 131:1	353:14,16,22
192:24	151:5 165:23	209:17 216:20	springs 112:8	354:14 356:3
somatic 164:9	179:11 231:10	230:19 262:7	Square 2:22	361:10 414:6
somebody 76:21	242:3,9 243:15	262:13 270:23	SRI 341:1	417:13,19

419:11 426:2	418:4	stress 5:13 8:20	78:3,4 82:23	268:15 271:5
426:20 427:5	states 1:1 13:9	122:10 163:2,8	82:24 83:1,7	272:12 273:1
stated 236:8	133:5 170:10	163:14 164:6	94:15 95:1	294:20 299:12
248:15 321:13	188:23 230:20	164:12 166:4	115:8,22,24	302:5 311:12
334:15 350:8	234:15,22	237:11 311:13	135:22 137:2,6	325:16,19
351:12	235:11,16,22	311:21 312:5	139:3,17,20	334:16 335:1
statement 29:22	351:22	312:18 313:2,6	140:17,18,19	336:24 337:1
53:8 72:21	stating 296:1	313:12,16,20	140:20 142:14	337:17,24
78:21 99:13	statistical 140:7	314:4,12 315:3	142:23 144:6	341:13 343:21
114:18 115:4	382:14	342:4 394:4	144:18 145:15	346:6 349:15
115:12 116:2	statistically	395:7,10	159:17 180:13	359:24 418:3
120:1 125:15	141:6,12	396:18 397:3	183:6 194:3,13	studying 413:4
128:22 145:7,7	142:15 147:11	397:13 399:15	197:10,21	417:21
151:18,20	183:8 231:6	417:18 419:23	198:7 201:23	style 346:24
152:19 156:13	381:8,14	stretching	202:4,9 228:9	styrene 266:3
158:16 163:16	383:21 387:12	327:16	228:23 231:2,8	subject 22:4,7
165:1 173:2	404:18	strictly 229:3	231:9,13,17	22:10 31:12
175:17 182:5	stay 297:22	strike 178:11	232:8,11	53:2 66:17
208:10 214:22	stays 140:2	strikes 309:17	234:19 235:5,6	68:19 107:14
215:9,19	297:16 298:19	421:7	248:3 250:1,13	427:10
220:17 221:9	298:22	stroma 397:19	256:3 266:18	subjects 268:17
231:22 234:7	steer 173:12	stromal 95:16	266:23 273:17	submission
236:12 250:4	STEERING 2:2	95:16,17	275:21,23	321:8 333:1
250:12 251:9	stem 163:12	strong 110:14	285:12,13	395:24
252:5,14,22	stenographic	129:1 144:17	296:20 300:23	submit 16:16
255:9 258:10	10:11	170:16	301:2,3,8,10	189:15 333:10
289:17 307:9	step 74:10	stronger 340:6	302:6,16,24	333:24
307:18 309:14	Stephanie 5:16	strongly 158:1	303:1,8 304:3	submitted 12:4
310:12,15	167:16 168:16	342:1	304:14,22	23:13 25:17,24
320:9 321:19	stepped 38:8	structure 164:8	325:10 326:9	155:8 189:5,10
323:11 330:18	stickers 198:15	192:22 194:21	326:22 327:2	316:23 321:9
334:24 337:20	stimulus 157:15	309:8,20	332:24 339:2	321:10 332:11
339:5 340:2	349:24	structured 68:9	339:13 343:8	332:13 333:3
341:12 342:15	stimulus/cond...	structures 197:4	360:23 362:7	354:19 394:8
342:20 343:7,9	157:11	struggling 258:3	400:12	Subscribed
344:19 346:6	stop 99:20	studied 160:1	study 17:21 19:8	429:18
352:8 383:7,20	212:22	305:7 398:18	99:10 127:10	subset 70:9 83:1
386:18,19,24	story 293:3	399:6 404:10	127:11 138:24	165:23
395:17,21	404:16	418:14	139:3,20 140:8	substance 56:22
396:20 397:4	straightened	studies 7:21	140:10 143:12	71:16 146:23
397:20 411:24	370:22	15:16,16 30:18	203:7,22 211:8	147:9 297:15
412:2,6,11	straightforward	33:12,14 40:15	211:13 221:7	301:5 429:10
413:12 417:24	30:19	55:2 57:14	227:12 229:8	substances
418:1,7	Street 2:3,12 3:4	60:23 61:6,12	232:1 242:16	54:22 57:23
statements 5:5	strengthened	61:13,14,21	242:21 243:9	226:19 258:5
113:16 114:4	130:19 131:12	62:13,19 65:14	243:19 246:11	substantial
296:22 356:22	131:19 132:5	65:19,23 75:9	246:17 247:18	155:2 192:20

272:4,7 substantive 109:2 substitute 198:4 substituted 189:20 subtype 117:12 118:2 subtypes 95:10 116:17 121:13 175:19 sufficient 249:11 322:5 sufficiently 339:3 352:23 suggest 155:22 163:14 248:4 248:22 417:14 suggested 16:21 89:17 136:17 307:12 358:22 suggesting 237:7 248:21 349:24 403:12 suggestion 236:10 suggests 123:5 126:10 135:4 135:24 152:3 248:16 269:2 277:9 284:7 353:19 407:7 407:13 414:10 Suite 1:17 2:15 3:8 sum 43:4 44:18 61:15 66:7 sum- 93:14 summarize 179:11 203:18 243:15 summarized 274:3 summary 54:4 184:1 200:1 286:19 334:14 343:18 348:24	398:14 supermarket 84:2 supervising 68:16 supervision 426:10 supplemental 20:2,8 22:21 22:22 23:2 45:11,18 47:18 48:3 281:23 support 28:22 29:5,12 65:22 93:6 105:4 112:18,20 113:2,2,3 127:14 152:14 159:12 173:2 234:9 249:11 supported 246:17 335:10 342:6,10 343:3 351:13,22 supporting 8:5 143:21 395:20 396:16 supportive 343:9 supports 66:4 90:21 suppose 219:18 374:10 supposed 201:14 372:21 supposition 197:6 412:10 suppressed 382:6 suppressors 150:22 151:10 sure 18:17 27:21 31:7 70:24 76:17 82:4 92:19 105:23 112:12,23 125:14 145:10	149:17 162:8 164:24 165:19 176:4,8 182:22 192:8 223:22 228:4 242:14 250:6 262:4 267:15 270:21 271:4 293:9 309:21 329:14 339:11 358:21 371:19 372:21 397:22 410:16 422:16 surface 122:7 136:9 210:1 211:1,24 212:6 surgeon 168:3 253:12 Surgeon's 199:21,23 surgical 14:6 190:17 199:16 199:17 200:11 211:1 surprise 49:1 86:14 surprised 240:20 surprising 140:17 213:21 347:8 surrounding 397:18 survival 163:10 163:12 344:22 345:23 survive 73:20 suscep- 156:3 susceptibility 156:3 suspect 260:17 suspensions 192:23 sustained 164:6 sustaining 150:21 151:8 Swan 12:10	24:13,16 25:12 sway 51:17 52:19 swear 10:12 sweeps 145:4 Swisher 102:21 103:6 switch 329:14 380:2 sworn 10:15 429:18 Sydney 2:6 Sydney.everet... 2:6 syndrome 119:9 119:14 synopsis 188:11 system 31:4 390:12 411:10 413:14 416:4 418:14 systematic 96:18 181:7 systematically 37:13 86:8 systems 59:2 410:21 413:1 413:21	177:8 186:21 217:1 219:6 250:21 288:14 291:20 292:22 302:11 310:17 312:14 345:15 348:22 364:23 365:7 409:8 423:11 take-home 305:24 taken 1:15 10:22 11:4 366:11 426:7 takes 14:23 301:15 307:22 talc 4:15 5:22,23 6:5 9:8,13 11:9 19:2,3 26:11 30:12 32:13 37:17 40:16 44:8 50:2 54:9 54:18 55:5 57:18 66:5,5 69:8,17,17 70:21 82:20,21 83:5,11 84:10 84:23 85:1,7 85:15,24 86:7 87:1 89:12,18 95:3 99:3 107:15,21 110:20 115:9 116:4,6 118:1 118:4,12 119:9 119:12,19 120:9,24 121:20,22 122:20 123:5 123:14,15,24 126:11,19,19 127:19 128:3,5 128:14,19 129:11 131:5,9 132:15 133:14 134:5,15,18,22 135:7,14
--	---	---	---	--

136:20 139:2	286:21 293:12	55:9 57:16,22	talk 30:14 32:19	97:16 107:24
141:4,7,10,13	293:18 295:10	60:24 61:7,17	58:6 102:6	109:19 113:4
142:5,17	295:22 296:1,4	63:17 83:3,11	221:12 292:17	148:1 302:10
143:16,22	296:5,13 298:2	83:18 88:2	292:17,19	312:24 356:7
145:7,7,19	298:10,13	89:1,18 90:2	310:24	408:18
146:5,10	299:17,22	90:10,16,16	talked 66:13	terms 35:4 36:1
157:12,14	300:20 334:17	92:7,11 93:5	69:5 106:5	44:6 57:15,18
158:12,15	334:20 336:13	101:20 102:3,6	157:21 192:13	65:12 84:11
161:8 174:8	344:15 346:11	102:17 109:7	360:20 420:10	90:14 93:24
177:19 178:1,8	347:23 349:16	117:8 121:5	talking 41:9	145:24 146:1
178:14 181:17	349:24 359:24	134:5 138:18	96:7 144:15	188:1 192:5
181:21 183:10	386:21 402:3	169:18,20	151:7 218:16	193:2 270:1
184:4 187:5,5	402:16,19	170:15 171:12	218:16 222:6,8	283:11 298:7
189:18 192:2	403:10,18	172:2 173:4	251:2 279:7	350:23 351:1,5
192:11,23	404:19,21	175:14,18	320:8 372:20	353:4,15 368:3
193:24 194:3	405:8,9,17	180:3 187:12	397:23	380:13 408:19
194:16 200:14	406:14,22	190:1 192:14	tampon 226:6	409:4 410:1
200:17,24	407:7,13	198:4 199:11	226:12	terse 335:5
201:2,14,17,19	409:23 410:18	200:10 218:20	TaqMan 361:6	test 176:17
201:21,24	412:22 413:4	218:23 219:7,9	target 62:4	303:17 304:4
202:9 203:12	413:20 414:8	222:21,22	136:11 302:16	353:17,23
204:3 206:17	414:11 415:18	230:10,13,15	303:1	tested 91:8 93:5
208:13,22	415:23 417:4	230:20,24	task 291:9	286:11 360:19
210:1,7,24	417:16 418:9	231:13,18,23	technical 151:22	415:22
211:23 213:20	419:14,21,22	232:13,24	306:21	testified 10:17
214:11,14	420:2,10 421:4	233:24 234:9	techniques	23:22 24:9
217:24 220:13	422:24	235:23 236:1,6	211:21 295:17	26:19 31:15
221:2 223:10	talc-based 117:1	236:13,24	372:14	222:5 334:11
234:23 235:6	235:12 410:19	237:8,13,17	technology	374:14 394:11
235:11,18	411:2 412:23	238:2,18	212:5 361:10	418:23
250:1,9,13,22	talc-containing	240:14,22	372:14 388:13	testify 32:10
251:9,21 255:1	122:4 264:22	241:7,13,16	388:15	testifying 11:19
256:3 257:16	talc-induced 9:2	256:24 272:14	tell 10:15 36:23	testimony 11:6
257:16,22	407:15	273:3,12	38:17 115:19	323:22 324:13
258:17 259:4,4	talc-treated	276:18 280:13	154:20 158:2	413:5 418:6,22
259:11 260:6	383:3	289:18 291:21	160:16 193:15	testing 35:4
260:19,23,23	Talc/EOC	320:17 325:11	212:5 279:8	282:13,20
261:3,20 262:3	123:23	326:1 327:2	284:23 290:18	284:16 285:15
262:6,6,12,12	talcum 1:5 6:8,9	338:19 342:11	341:6 367:21	285:17,20
262:21,21	7:13 8:6 10:7	343:8 346:13	telling 176:16	286:7 304:14
263:14,17,22	11:1 17:22	347:8 348:2	218:9 284:1	354:8 360:24
264:6,6 265:12	24:6 25:10	359:10 378:13	telomerase	363:1,4,16,21
265:13,15	26:2 27:24	395:18 398:18	305:7	402:17,18
272:14,19,20	28:5,9,13 29:1	399:7 400:12	temporal 250:7	tests 360:11
273:3 277:1,9	29:8,18 30:3	417:15,20	ten 140:10	362:15
277:13,19	31:23 40:5	talcum-based	tend 308:3	text 328:3
286:11,12,15	41:2 54:9 55:2	180:12	term 82:20	textbook 106:9

Thank 21:10	33:13,23 35:2	192:9,16 193:9	307:21 308:8,8	344:4
25:15 64:9	36:11 37:11	194:6,14,15	308:14,22	thirty 427:16
115:2 175:12	38:16,18 45:18	195:17,17	309:1 310:15	Thompson 2:4
268:1 282:10	46:4,5,6 47:12	196:11 204:1	311:18 312:6	4:3 10:19,20
302:23 306:1	47:15 50:20	204:17 206:2	313:1,11,18	12:9 15:1 16:7
311:9 330:12	52:15,23 54:4	207:10,11	314:8 315:4	17:5,18 18:4
359:17 395:3	56:19 59:8,20	208:18 216:2	316:4 317:11	19:4,14 20:17
415:15 423:20	59:20 61:15	217:6,17 218:6	317:22 319:17	21:6,11,18
424:2,19	62:2,2,17,17	219:17,21	319:18,20	22:6,8,18,24
Thanks 293:11	62:18 64:5,7	220:22 221:3	320:24 322:4,7	26:16 27:2,14
That'd 264:16	64:11 65:20,24	221:13,21	322:15,19,19	28:18,23 29:13
theme 89:14,23	66:4,4 68:5,20	222:2 223:6,18	324:11,12	29:24 30:8
157:20	69:19 70:4	224:1,16	325:15,16	31:10,21 32:3
theoretic 130:1	72:22 73:2,5	227:13 230:8	326:23 327:17	32:20 33:16
Theoretically	73:21 76:1	232:10,20	328:21 331:18	34:1 35:7 36:4
129:14	78:2,24,24	233:13,19	335:4,4,18	36:13 37:3
theories 30:15	80:16 83:7	234:14,16	337:22 339:11	40:24 41:18
theory 26:1	85:18 86:15	237:2,7,19,22	339:16 340:4,8	43:6,13 44:2
220:20 287:6	87:18 89:14	240:2,18	340:12 341:21	45:8,23 46:16
297:14,15	90:14 91:12	243:12 244:13	342:23 345:20	47:10,22 48:5
303:17	93:8 97:9,13	244:20 245:14	345:23 347:17	48:13 49:6,18
Therapeutically	98:1,4,8 99:13	248:15 251:3	347:21 350:5	50:7,11,19,24
198:2	99:15,19,21	251:21 252:7	354:16 355:17	51:7,18,24
therapeutics	100:9 101:16	252:11 253:8	358:22 364:19	52:14,24 53:7
168:5	103:12 105:13	253:11 254:6,8	365:10 371:9	53:14 54:7
there' 301:17	106:13 107:7	254:11 256:7	371:14,17,23	55:3,16 56:1
thereto 426:8	107:12 109:1,3	256:11,21,21	374:6 375:13	56:14,21 57:4
they'd 45:5 80:3	110:3,6,12	256:22 257:3,7	376:1,10	58:3,16,22
172:15 173:13	111:7 114:7	258:21 259:11	377:12 378:4	59:18 60:4,16
thicker 20:21	119:1 125:24	259:13,18	381:1 386:2	60:22 61:5,19
thickness 21:13	126:2 131:12	260:3 261:4	387:12,14,14	62:8 63:3,10
thin 178:9	131:18,18	264:4 268:8,9	390:2 394:3	63:22 64:10,15
thing 85:1	132:12 144:23	269:21 271:18	398:24,24	64:19,24 66:23
106:20 207:1	145:20 146:18	271:18 272:3	406:16 407:24	67:24 68:12
291:11 308:15	147:19 151:20	273:7,19	408:1,9 409:19	69:14 70:16
things 84:12,12	159:4,10 160:3	274:12 275:7	411:6,14 412:5	71:6 72:3,10
108:6 130:2	160:3 162:18	276:2 277:5	412:10,15	72:20 74:12
158:22 160:4	165:1,3 167:6	282:16 287:8	418:13,23	76:2,15 77:13
195:16 219:20	167:12,17	288:19 289:6	421:6 422:5	77:20 78:10
290:14 310:5	168:3,8,16,17	289:10,17	423:12 424:8	79:2 80:2
385:10 387:21	170:1,14 171:3	290:9 291:6	thinking 78:15	81:10,21 82:14
think 11:7 16:9	171:6,6 173:13	292:15 295:1	112:9 122:3	84:15 85:9,20
16:12,12 17:11	173:18 176:17	296:17,21,22	175:24 408:8	87:5 88:19
17:17 18:6,7	179:10,13,21	297:14 300:3	thinks 345:2	89:5,11 90:8
18:11 24:16	181:8 182:1	302:1,9 303:12	third 150:20,24	90:24 91:9
26:10 30:18	184:23,23	304:17 305:18	178:6 180:11	92:1,9,17
31:13 32:9	185:2 186:7	305:23 307:10	181:19 235:10	93:11 94:20

95:8 96:6 97:3	161:21 162:1,5	232:21 233:5	298:11,18	372:5,12,23
97:14 98:7	163:20 164:21	233:16 234:3	299:2,11	373:4,12,16,22
99:2,23 100:5	166:13,22	236:5,20	300:21 301:16	374:3,20 375:7
101:14 103:24	168:7 169:1	237:15 238:6	301:20 303:14	375:14 376:5
104:20 105:12	170:4,23	238:12 239:13	304:2,9,19	376:12 377:17
105:16,19	171:22 172:12	239:20 240:4	305:16 306:17	378:5,11,18,23
106:23 108:1	172:24 173:20	240:11,19	306:22 308:1	379:10 380:10
108:13 109:14	174:10,22	241:4 242:12	308:16,23	380:16,19
109:22 110:5	175:5,23 176:7	243:17 244:18	310:8,16,23	381:2,10,18,24
111:12,23	176:15,22	245:21 246:1	311:10 312:3	382:21 383:14
112:5,16 113:1	177:7,13 178:4	246:10,24	313:14 314:3	383:24 384:5
113:14 114:17	179:5,15 181:9	250:20 251:14	314:10,19	384:17,23
114:23 115:3	181:14 182:24	252:3,19 253:3	315:1,11,19	385:3,12,17,20
115:17 116:13	183:22 185:1,8	253:23 254:5	318:3,14	385:24 386:13
116:24 117:7	185:17,23	255:10,23	319:12 320:5	387:6 388:7,14
117:15 118:10	186:8,20	256:12 257:6	321:3 322:13	388:20 389:9
118:19 119:5	187:14,20	257:14,20	323:3,20 324:6	389:19 390:8
119:21 120:20	189:9 190:6,15	258:6,23 259:3	324:22 325:7	390:16 391:4
121:8,18 122:1	191:4,24 192:7	259:15,23	325:18 326:18	391:14 392:6
122:15 123:2	193:6,23	260:5,16 261:6	327:8 328:22	392:12,19
123:10,21	194:23 195:12	261:15 262:2	329:2,19 330:9	393:1,8,23
124:5,7,17,23	196:19 197:17	262:19 263:3	330:13,17	394:18,24
125:5,17	198:3,16,20	264:3,10,15	331:14 335:6	395:4 396:1,13
126:16 127:2,9	199:1,5,9	265:4,11,24	336:1,10,23	396:24 397:12
127:18 128:2	200:21 203:2	266:7,21 267:3	337:14 338:4	398:12,22
128:11,24	203:11,19	267:9,17 268:4	338:11,16,24	399:13 400:1,7
129:9,20 130:8	204:4,15,24	269:12 270:12	339:22 340:24	400:17,23
130:17 131:6	205:8,16,23	271:22 272:21	342:2,21	401:4,11 403:4
132:24 133:8	206:8,13 207:5	273:9,18 274:1	343:14 344:8	403:24 404:8
133:23 134:11	207:17,24	275:9 276:9	345:19 346:1	404:20 405:3
135:2,12,21	208:9 209:2,15	277:11,22	347:5 348:12	405:15 406:1
136:7,14 137:1	209:22 210:16	278:14,21	350:2,12,24	406:11 408:3
137:17 138:2	211:14 212:7	279:6,20 280:7	351:18 352:4	408:11,23
138:13,23	212:23 214:19	280:11 281:2	353:1,11 354:3	409:6,15
139:10,16,24	215:5,16 216:8	281:20 282:3,7	354:13,24	410:14 411:7
140:6,14,24	217:3,15	282:12 283:18	355:20 356:8	411:16 412:1
141:20 142:3	218:12 219:12	283:23 284:10	356:16 357:4	412:14,21
142:12,21	220:3,10	285:2,7 286:5	359:1,23 360:4	413:16 414:4
143:6,13,20	221:20 222:4	286:17 287:9	361:4,18	415:3,12,16
144:3,12 145:8	222:17 223:5	287:20 288:2	362:22 363:13	416:7,16 417:1
146:15 149:16	223:24 224:6	289:8,21 290:4	364:8,22 365:8	418:5,15 419:4
149:21 153:1	224:15,24	290:16,24	365:13,20	420:14 421:9
153:17 154:13	225:6,15,21	291:16 292:8	366:9,17 367:1	421:18 422:22
154:19 155:15	226:4,10,16	293:1,6,22	367:7,11,16	423:4,10,18
156:18 158:3	228:13,22	294:8,15,23	368:5,20	424:20
159:2,9,22	229:9,19 230:7	296:24 297:7	369:11,15,24	thorough 13:2
160:20 161:13	231:4,19 232:6	297:24 298:6	370:3,9,13,20	179:11 181:7

291:23	times 2:22 82:16	total 24:5 43:5	transforms	204:2 226:24
thought 16:19	82:20 202:6	44:18 61:15	347:23 348:3	trivial 116:7
16:20 52:11	220:24,24	66:7 89:17	transience 129:3	true 78:24 79:1
53:5 67:19	228:10 292:19	totality 159:20	transit 130:2	79:3 86:20
79:13 80:1	334:6	tough 32:6	transiting 274:8	100:1 158:16
137:10 166:15	tissue 15:22	118:24	translate 15:9	159:18 174:13
169:20 173:8	32:12 75:16	TOV11 357:16	292:23	258:10 263:17
173:14 210:20	76:3 137:23	towns 275:19	translating	285:4 364:4
252:21 254:2	157:12 158:13	toxicity 414:7	144:4	383:22 386:21
288:10 289:1,6	191:17,22	toxicological	transmission	426:11
290:17 305:13	210:2 268:18	148:2	270:18,19	truth 10:15,15
353:6 398:6	307:16 327:3	Toxicology 7:20	279:12	10:16
408:22 409:9	416:5	9:6 235:17	transport 31:3	try 19:16 43:1
411:1,8,19	tissues 128:6	tract 99:4 122:6	32:11 214:10	83:10,12
413:6	210:6	123:6 124:2	270:10 274:23	trying 15:9 16:9
thoughtful	titanium 402:3	125:1 126:21	280:2	40:16 60:11
332:23	title 27:7,10	128:4,16	transported	93:8 111:6
thoughts 295:7	150:9 156:22	129:13 136:8	226:19 276:24	170:1 205:6
309:3	163:1 166:8	195:8 206:19	transporting	238:22 248:24
thousand 80:15	302:5 401:12	214:14 215:9	269:4,6,18	255:7 341:10
81:16	401:15 406:17	217:24 224:10	270:4	343:4 354:6
three 12:2	titled 42:16	224:19 226:20	transvaginal	363:17 373:10
118:17 167:12	53:19 69:3	227:23 229:1	130:13	373:10,15
182:13 255:20	247:23 254:18	274:24 276:24	travel 123:6	tubal 119:8,12
287:11 357:24	288:5 415:8,17	277:7,21	130:13 193:19	119:18 129:1
358:9 371:19	417:2	training 33:2	195:19 224:9	137:9
throw 371:21	today 10:21 13:2	196:14 229:23	224:18	tube 125:7
thumb 46:8	19:22 23:3	trait 309:10	treat 13:23	129:23 358:7
time 10:5 11:15	32:10 37:9	transcript	33:10 237:22	377:10
14:14 15:2	51:9 58:7	385:23 426:6	299:8 310:2	tubes 125:20,20
17:20,23 23:18	70:24 114:8	426:11 427:17	treated 134:18	132:16 213:20
25:15 36:3	158:17 196:7	427:19	334:20 359:5	227:18
41:13 44:5	224:7 232:9	transcription	treatise 242:15	TUCKER 3:8
57:19 74:17	423:20	404:15 429:7	248:11 249:14	tumor 147:13,14
100:22 101:10	Today's 10:4	transcriptional	249:19 251:6	147:20,22
105:17 164:7	told 7:21 83:21	147:21 405:24	252:6,15,22	152:16 155:24
176:5 190:2	86:12 177:4	transfer 278:15	treatment 15:11	163:9,10 166:4
217:6 228:5	299:3 302:6	transformation	155:22 359:7	171:7 309:23
232:23 242:17	348:10 389:20	9:3 134:20	359:14 362:10	310:9 346:5,9
276:20 296:15	top 150:11	163:9 164:10	Tremolite 6:19	358:13 397:17
301:15 307:6	381:12 390:17	297:19 299:20	trend 121:21	397:18
309:7,19	395:13 421:23	350:6 406:13	trial 13:4 18:9	tumorigenesis
317:18 329:21	topic 16:16 51:9	406:18,23	18:20	135:16 307:17
338:12 365:2	106:16 324:17	407:8,14,15	trials 15:24	tumors 95:15,23
369:2 386:19	336:5,6,11	transformed	trick 253:16	147:11,15
423:20 424:24	topics 243:14	344:17 348:20	288:11	155:23 171:3
timed 406:24	311:23	349:7 350:4,8	tried 84:20	307:22 309:9

310:5 311:24 313:21 turn 199:24 247:20 402:6 turning 164:2 177:20 turns 217:2 Twenty-two 211:19 Twergger 245:10 twice 272:15 273:4 two 9:8,13 14:21 46:24 58:6 76:23 82:22 131:15 152:3 153:8 160:6 170:6 192:16 233:14 248:14 248:17 287:11 293:20 301:17 319:11,17 327:18 332:3,4 337:12 363:15 367:5 371:19 390:21,23 391:16 392:24 403:22 414:7 415:19 417:4 Two- 245:10,11 two-part 131:11 two-thirds 284:2,17 304:21 406:21 Twoauger 245:11 TwoRoger 245:9 type 34:22 264:20 types 16:3 89:7 95:23 156:9 157:3 178:14 303:21 313:7 414:7 typically 77:4,8 77:14,21 193:3	299:4 389:21 394:12 <hr/> U Uh-huh 23:8 32:22 42:10 46:3 69:7 81:14 86:23 97:20 104:5 111:3,5 122:19 124:16 145:9 154:3 156:21 160:8,11,23 161:4 162:20 164:4 168:19 177:18,22 183:13 184:2 186:11 203:4 209:9 213:16 218:22 243:7 254:23 263:10 263:13,16 268:14 291:18 291:22 294:1 294:18 299:18 299:18 307:4 316:13,16 320:15 323:12 329:6 331:8 343:16 357:11 360:10 377:2,9 377:16,19 380:4 382:24 392:22 396:10 398:5 405:18 418:18 419:18 422:2 Uh-uh 38:20 UKC 256:3 ultimately 74:20 278:13 ultrafine 86:18 ultrasound 227:2 Ultrastructural 6:3 Um 198:4	unable 59:13 332:7 UNC 38:7 unconvincing 61:16,16 110:17 287:4,5 uncovering 59:4 undergo 134:19 undergone 188:18 underlie 309:8 underline 309:21 Underlining 151:13 understand 14:13 19:5,18 27:22 32:21 37:18 42:8 58:5 66:15 125:14 145:10 196:6 223:16 252:11 276:22 294:19 300:9 319:15 325:10 332:22 340:11 340:13 350:17 365:23 371:12 373:24 374:4 374:24 understanding 13:2 27:12,19 33:4,11,12 54:11 63:12,24 67:9 84:7 86:6 87:8 95:9 96:1 96:15 158:23 180:17 181:10 182:14,19 187:7,10,15 209:10,16,21 221:14,22 224:8,17 243:8 246:16 258:8 262:5,11 264:24 271:4 274:4 282:18	293:17 297:8 316:23 345:7 356:19 361:13 402:20 420:11 420:12 understands 373:17 Understood 95:24 undertakes 243:13 underwear 96:13 underwent 188:21 unethical 17:20 unfortunate 272:10 unfortunately 52:23 131:11 296:12 unifying 312:9 uninformed 315:15,23 unique 78:4 uniqueness 130:24 United 1:1 133:5 university 104:9 104:16,24 213:9 317:17 361:11 unlimited 77:2 235:5 unmanageable 77:3 unpublished 327:15 unreasonable 109:9,16 110:10 159:24 185:11 219:22 314:14,21 unresolved 313:18 unsafe 59:5,21 60:1,14 232:18	unsubstantiated 347:15,19 Unsurprisingly 330:19 331:5 untoward 62:19 unusual 337:10 unusually 180:14 updates 8:19 395:7 upper 99:4 124:1 126:21 128:16 206:19 214:14 215:9 217:23 224:10 224:19 226:19 229:1 upregulated 402:16 upright 225:22 226:2 upwards 140:10 USA 116:6 usage 5:23 59:1 198:7 use 8:6 27:24 28:4,8,12,24 29:7,17 30:2 44:3,5,7 60:12 62:6 83:8 96:19,21 98:6 99:20 107:4,24 109:19 116:3,6 116:14 117:1,8 118:1,4 119:7 119:10,12,19 120:9 121:11 121:20 123:15 130:9 134:5 139:2 141:7,13 142:24 169:18 169:20 171:12 172:2 173:3 175:14 177:22 180:2,11 184:4 197:11,22 200:4,15
---	---	--	--	---

201:18 225:16	18:13,15	view 145:14	290:18 292:10	65:10 94:2
226:6 227:6	value 146:1	265:17 378:16	293:8 322:8	105:22,22
230:10,15,20	340:13	viewer 342:3	331:21 357:9	299:13 302:24
230:24 231:18	variability	viral 137:7	364:23,24	306:19 321:14
231:22 232:13	101:7	Virchow 5:9	365:7 366:13	331:22 376:13
234:7,9 235:11	variable 192:15	virtually 286:19	367:20 372:6,7	379:18 380:17
236:7 237:1,10	variables 141:22	342:15	373:20 387:21	387:22,22
237:17 238:2,5	varieties 9:8	virus 80:22	393:20	419:16
238:18 240:14	variety 57:23	vis-à-vis 336:21	wanted 44:23	we're 31:19 48:9
240:23 241:7	202:11	352:8	148:14 258:8	58:6 62:1
241:12,17,20	various 57:17	vitae 4:10 8:3	270:21 271:3	65:15 83:10
250:1,13 256:3	85:23 117:23	vital 7:17	379:21	92:19,20,23
280:14 281:10	157:3 184:4	vitro 7:21 9:6	war 275:15	94:11 95:13,16
283:5 284:1	310:11 323:5,9	15:12 101:23	Warner 104:5	95:19 96:7
301:2,3 307:5	334:20 362:11	144:8,18 302:6	wasn't 11:7	98:4 103:1
353:4 363:9	392:7	302:16,24	20:10 41:4	110:13,18
379:18 417:15	vary 117:11	303:1,7,15	57:11 172:16	112:10 113:13
use.' 121:22	varying 75:4	304:3,14 307:5	196:13 237:24	114:7 144:15
users 140:1	vector 269:4,6	336:24 337:1	269:13 275:16	145:19 153:3,4
usually 16:15	270:4	337:24	289:11 300:1	153:8 158:17
17:7 74:7,14	verbal 321:23	vivo 15:13	300:18 312:7	158:24 180:21
76:23 77:12	321:24 322:1	101:24 134:16	329:15 342:10	180:22 194:20
96:22 126:7	Vergote 167:21	144:8,18	351:19 385:5	198:24 199:2
147:8,23	168:2,2	Vol 5:19	421:10	218:16,16
305:12 337:10	versed 222:2	volume 71:4	water 100:20	222:6 230:6
338:6,15 362:1	version 333:2	72:5	way 44:21 51:17	232:7 247:4
389:7,17	345:14	voluminous	52:19 65:14	254:4 267:15
390:19	versus 14:15	71:13	68:9 80:7	279:7 291:6,19
uterus 125:8	65:17 66:5	<hr/> W <hr/>	97:21 111:17	298:7 304:10
126:2 218:15	98:16 142:24	W 3:9	144:23 145:18	306:2,4 310:3
227:1,17	238:24 242:9	Wacker 3:8	147:18,23	310:22 316:3
<hr/> V <hr/>	272:14 273:3	wait 339:17	175:21 182:3	348:5 349:14
vagina 99:4	310:7	want 11:10	187:23 193:20	357:13 364:10
122:21 124:1	vertical 221:1	17:12 27:21	196:17 218:6	365:19 370:19
124:24 125:6	vessel 397:24	50:12 62:11	219:17 270:6	371:12 372:17
126:11,20	video 1:14 10:6	93:16 106:17	285:10 300:7	372:22 374:7
127:4 128:15	videographer	106:17 113:15	300:18 304:21	374:24 376:24
129:22 219:1,9	3:12 10:1,3	115:15 118:22	326:11 327:1	386:2 401:20
222:10,23	113:9,12 230:2	124:8,8 145:9	333:22 343:12	410:13 416:24
223:10,11	230:5 310:18	145:10 170:19	343:13 350:17	423:17 424:24
226:12 269:8	310:21 349:10	176:4 177:8,9	353:20 358:23	we've 67:2 93:5
vaginal 269:20	349:13 365:4	177:22 178:19	381:12 386:8	105:9 107:12
270:5	365:15,18	212:24 221:6	406:21 409:1	132:6 147:18
val- 18:15	370:15,18	236:24 237:9	410:10 420:15	154:7 178:23
validity 390:23	416:20,23	244:3 276:22	Wayne 361:10	192:13 250:16
valuable 18:8,11	423:13,16,23	277:18 282:22	ways 54:24 78:4	287:4 296:13
	424:22		we'll 19:16	302:9 305:20

349:16 360:20	206:14	176:9 205:7	315:5,14 322:8	50:10 53:17
363:3 370:21	witness 10:12,14	227:7 290:13	326:15 330:5	54:4,12 59:20
378:2 420:5	56:8 64:5	345:15 364:2	336:17 352:5	62:17 63:7,15
weak 144:23	98:24 103:17	words 144:16	353:7,21	64:16,21,22
website 233:20	103:22 114:10	220:4 222:8	376:11 396:6	70:1,5,8,10,15
234:6,8,22	114:13,15,16	331:16 347:15	418:12	71:9 72:13
websites 232:23	124:12 130:6	362:2	wound 191:21	73:11,12,13
233:8	176:18 177:1	work 25:19	wounds 152:13	74:23 75:19
week 14:20,21	177:11 205:3	74:15 77:9	Wright 6:16	78:2,9,11,14
169:4,8	212:21 244:16	79:18 117:22	253:4,14	79:1,16,23
weigh 65:13	254:3 256:1	147:7,20,23	254:24 255:4	82:18 85:22
weighed 290:11	286:2 317:3	153:22 168:4	256:15	88:7 93:17
weighing 238:24	320:17 349:21	170:21 196:17	Wright's 254:1	94:6 95:17
weight 4:23	368:13,17	296:14 304:11	256:14	96:9 97:2,9
53:19 63:11	426:12 427:1	308:19 312:1,4	write 41:19	100:19 101:4,5
65:5,16,17	witnesses 35:23	315:9 323:19	115:15 316:19	103:4 105:21
186:21	Wives 269:24	332:6 334:1	318:10	105:21 106:3
Weinberg	Wolf 38:21	362:4 380:1	writing 426:9	107:11,11
149:10,11	woman 98:11	414:2 421:13	written 153:19	111:14 115:20
Welch 209:8	198:5 218:20	worked 44:21	321:24 322:2	116:1 119:2,3
welcome 113:19	219:7 221:1	185:10 421:22	322:21	120:2,8,19,21
well-regarded	222:6,20	workers 200:6	wrong 46:1	125:23 126:6,6
154:9 168:18	272:14 273:3	278:4	52:23 109:13	126:8 131:10
well-renowned	woman's 228:15	working 40:12	109:15 110:22	131:10,18
153:10	women 13:21,23	272:8 278:4	111:2,7 140:20	132:7,11
well-written	17:21 28:14	works 168:16	157:23 160:10	133:13 146:3
335:9	29:9 96:2,11	world 68:15,17	170:7 179:7,13	148:6 149:11
went 12:1 42:1	96:21 97:5,21	275:15	184:13,24	149:11 150:8
53:10 64:22	99:19 116:3	worry 344:6	185:14 187:1	150:15 153:24
187:17,24	120:21,24	worthwhile	202:19 203:1	157:19 161:4
194:11 226:23	121:4 123:3	252:21	207:11,21	162:11 165:3
227:5 286:3	129:24 130:1	wouldn't 14:11	208:6 352:12	165:18 168:9
359:16 421:1	130:11,24	18:16 80:5	wrote 213:12	170:14 171:23
weren't 41:7,8,8	132:19 133:4	83:24 84:21		173:19 176:19
88:14 186:1	140:10 223:13	86:14 99:24	X	177:15 181:8
whatsoever	225:8,16 226:5	106:16 109:19	X 4:1 5:1 6:1 7:1	182:13 183:4
321:22	237:20,23	110:8 165:2	8:1 9:1 301:5	183:24 184:2
whited 385:11	241:6,12,17	172:13 226:11	X-ray 295:16	188:15 192:9
385:13,14	268:19 271:6	234:13 238:23		193:10 199:18
widely 152:16	275:6,7,11	239:4,15	Y	201:11 207:16
wife 97:1 269:23	276:1	259:14 260:8	Y 301:5 368:6	211:16 214:4
willing 32:19	wonder 347:9	265:16,16	y'all 370:4	214:17 216:7
107:8 325:3	wondered	269:19,21	yeah 11:13 15:3	217:17 219:17
wipes 184:7	379:21	270:4 271:11	17:17 22:11	220:2 222:16
wished 150:7	Woodruff 40:19	281:12 292:22	23:8 41:17	226:23 227:11
Wishful 112:9	word 41:21	293:2 304:13	43:1,8 46:5,19	227:22 228:2
withdraw	106:4 156:23	306:15 314:20	47:23 49:24	229:7,24

233:18 235:2,2	254:19 255:15	10 4:3 5:7 86:7	166 5:16	73:12 161:2
235:3 238:9	256:18 332:9	86:13 147:15	17 6:8 123:3	165:6,13 262:7
239:10 243:23	390:9	149:14,22	233:23 234:1	262:13 263:9
243:24 245:2,4	year's 391:7	306:7	271:16,17	409:17
246:21 247:10	years 59:1,1	10:44 113:10	17th 23:17,19	2011 149:1
247:11 248:20	83:19 96:20	100 77:1 113:5	18 6:11 25:19	2012 11:10
252:13 253:2	121:22 138:8	359:5 369:14	49:7 123:13	69:16,20 70:20
254:6 255:12	140:10 214:7	382:9,13	246:22 247:1	264:12 415:5
265:1 269:21	287:3 299:5,10	1000 1:17	1819 1:17	2014 49:13,19
270:14 271:1,3	302:2 337:13	10036 2:23	19 2:8 5:20 6:15	72:15
272:11 273:7	Yep 45:12 50:10	100C 69:20	123:22 253:21	2015 11:10
275:4 276:11	54:6 183:7	70:21	254:1 316:12	2016 5:20 25:13
276:11 281:5	201:15 214:4	1075 3:4	330:22	243:6 252:23
281:11,12	331:4,24 371:6	11 5:9 113:13	1960's 7:5,10	2017 12:14,17
291:9 293:10	396:23 407:12	153:15,18	199 5:19	12:23 31:4,12
294:24 303:12	yesterday 24:21	110 247:21	1990s 189:20	31:15 40:7
306:18 316:1,8	York 2:16,23,23	112D 357:16	1996 267:22	394:2
319:4,11 320:1	292:19	113 5:5		2018 7:6 12:20
322:7 327:20	young 80:23	11747 2:16	2	31:22 184:18
328:15,23		12 5:12 121:5	2 4:10 21:1,4	254:18 256:18
331:3,4,20	Z	161:24 162:3,6	53:18 116:3	341:1
333:15,17,21	Z 301:5	207:11,19	164:2 165:9	2019 1:11 7:11
333:21 334:8,8	Zelikoff's 38:24	208:4	306:9 307:2	10:5 426:17
336:3 338:15	zero 359:5	12:55 230:3	343:15,17	205 5:22
341:9 342:22		13 5:16 121:11	344:12,18	209 6:3
342:23 343:1	0	161:22 166:20	402:6	21 4:10,12 6:21
343:13,19	02210 2:20	166:23 271:16	2's 345:6	125:6 268:2,5
345:10 347:4	1	130 2:12	2:02 230:6	218 2:3
355:5,15 357:7	1 4:8 20:13,15	136 312:15,16	20 4:8 6:18 82:3	219 264:17
357:23 362:24	115:4 156:20	312:17	117:9 121:1	22 7:3 126:9
363:16 364:16	334:10,14	14 5:19 7:6	124:24 177:9	211:17 281:18
365:9 368:4,18	335:8,12,24	121:19 199:4,6	264:13,16	281:21
371:4,5 372:4	337:15,16	199:7	302:1 332:12	22nd 426:17
374:9 377:11	341:18 344:6	147 174:5	359:5 382:9,9	23 7:8 46:5
379:5 381:12	346:7 351:11	149 5:7	382:13 392:2	126:19 281:23
384:15 387:10	351:21 353:6	15 5:22 7:11	392:10 429:19	282:1
387:14,17	366:19 369:17	23:20 122:4	200,000 140:10	233 3:8
390:20 392:16	369:21 370:10	177:9 205:20	2000 161:12	234 6:8 312:13
394:6,6 398:11	370:12 371:2,3	205:21	2000's 7:10	23rd 169:4
399:4 403:7	383:2 398:13	153 5:9	2001 157:14	24 7:13 46:5
404:1 405:23	1,577 116:6	155 2:20	161:3,4,6,12	127:3 287:18
406:6 410:6	1.1 115:6	16 6:3 25:14	2006 67:10	288:4 331:3
411:6 414:19	1.2 116:4 139:4	122:18 209:12	2007 208:13	402:8,19
417:11 419:3	139:11	209:13	2008 401:1,7	403:12 404:21
419:10,13	1.3 139:11	16-2738 1:7	2009 401:10,19	243/5:19
420:4	1.4 115:7	1604 164:2	401:23	246 6:11
year 116:6		162 5:12	2010 50:2 67:1,7	25 7:16 294:12

294:13 369:14 392:21 253 6:15 26 7:20 127:19 301:18,21 302:13 264 6:18 268 6:21 27 8:3 128:3 311:6,7 2738 1:9 10:8 277 177:20 263:12 2780 357:19 378:3 28 8:5 36:14,15 128:12 320:3 320:11 327:11 327:12 281 7:3 282 7:8 287 7:13 29 1:11 8:9 36:15 129:1 328:24 329:3,4 294 7:16 29th 10:4 2B 67:3 117:3 179:14,18 235:14,15	392:10 427:16 300 37:12 301 7:20 30309 3:4 305 2:15 31 8:16 129:21 366:5,10 311 8:3 32 8:19 130:9 393:21 394:23 395:1 320 8:5 328 8:9 329 8:13 33 8:23 130:18 400:20,21 34 9:2 132:14 406:8,9 35 9:6 133:1 409:13,16 352 426:21 36 9:12 133:14 415:1,4 36104 2:4 366 8:16 37 133:24 134:1 38 134:15 39 135:3 393 8:19 396 421:24	73:22 80:14 406 9:2 409 9:6 40s 95:2 41 135:22 415 9:12 42 136:8 424 4:4 43 136:17 438 268:24 44 137:2 45 137:18 46 138:5 48 4:15 138:24 334:21 49 4:17 139:11	60 83:21 143:21 283:1 60606-9997 3:9 61 144:4 62 5:5 146:5 63 309:5 64 181:22 658 151:23 6950 3:8
		5	7
		5 4:17 49:16,20 117:8 201:14 359:5 382:8 5:38 416:21 5:40 416:24 5:48 423:14 50 4:20 77:1 139:19 392:24 50s 95:2 51 140:1 166:3 52 140:7 53 4:23 140:16 54 141:3 55 141:21 56 142:4 57 142:13 58 142:23 59 143:14 598 398:13	7 4:23 53:11,12 116:4 118:11 220:15 349:15 70 83:21 283:1 70s 40:20 77 70:1,2 249:4
		6	8
		6 4:20 50:4,5 117:22 148:13 235:2 271:16 6.1 180:5 6.2 180:9 6:03 423:17 6:04 424:24 425:2	8 5:3 81:8,24 82:1 171:10,14 402:8,9,17 403:11 404:9 404:14,18 80 24:16 80220 2:12 81 5:3,19
			9
			9 5:5 113:22,23 120:9 247:7,8 247:8 271:16 401:6 9/19/18 8:9 9/30/19 426:21 9:03 1:19 10:5 90 146:9 901 157:1 92660 2:9 93 177:16
3	4		
3 4:12 21:16 23:16 47:21 53:22 116:14 151:23 182:9 182:12 235:1,2 247:5 263:15 362:10 369:23 377:20 402:15 3:26 310:19 3:45 310:22 30 8:13 117:9 129:10 138:7 235:2 329:17 329:21 330:8 364:24 392:2	4 2:22 4:15 48:11 64:4 117:1 316:15 403:15,16 4:23 349:11 4:24 349:14 4:39 365:16 4:50 365:19 4:55 370:16 4:59 370:19 40 24:22 116:3 135:13 138:7 231:2 232:7 299:10 400 2:15 8:23		